

**FILED** MAR 27 1946  
Registration District No. 178

Primary Registration District No. 4286

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Lewis  
(b) City or town La Grange  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Agusta Peek

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ada E. Peek 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May 14th. 1871  
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Chanderville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John W. Peek

13. Birthplace Kentucky  
(State or foreign country)

14. Maiden name Wanda Daily

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry E. Peek  
(b) Address La Grange, Missouri.

17. (a) Burial (b) Date thereof 2/5/46.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Grange, Missouri.

18. (a) Signature of funeral director M. Roberts

(b) Address La Grange, Missouri.

19. (a) 2-6-46 (b) V.L. Jackson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis  
(c) City or town La Grange  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBY day 2  
year 1946 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from JANU  
1946 to FEBY 2, 1946  
that I last saw him alive on FEBY 2, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death MYOCARDITIS (CHRONIC)  
Due to NEPHRITIS (CHRONIC)  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature W. L. E. M. M. D. (M. D. or other)  
Address La Grange, Mo. Date signed 2/9/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

161

RECEIVED

District Health Officer No. 10

3-46-568

MAR 19 1946

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

A.A. Roberts

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 1626

P. O. Address La Grange, Missouri.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**