S, No. 2
M—5-43
r. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27840

FILED SEP 6 1946

State File No.

Registration District No. 236 Primary Registration District No. 5818 Registrar's No. 35

1. PLACE OF DEATH:

(a) County Morgan ("Moreau")

(b) City or town Syracuse Rural
(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 (Specify whether years, months or days)

In this community Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan

(c) City or town Syracuse Rural
(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

3. (a) PRINT FULL NAME Rachel Levisa Peoples

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Marion Tobert Peoples

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Jan. (Month) 8 (Day) 1859 (Year)

8. AGE: Years 87 Months 7 Days 21 If less than one day hr. min.

9. Birthplace Morgan Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Noah Beeman
13. Birthplace Morgan Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Margrett Bowles
15. Birthplace Morgan Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Forrest Moon
(b) Address Versailles, Mo.

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel

18. (a) Signature of funeral director [illegible]
(b) Address Versailles, Missouri

19. (a) (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29 year 1946 hour Unknown minute M.

21. I hereby certify that I attended the deceased from Aug 15 1946 to Aug 29 1946, that I last saw her alive on Aug-26 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	1 hr
Due to arterio sclerosis	yrs
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 30

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. L. Washburn (M. D. or other)
Address Versailles, Mo. Date signed 8-

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
8-46-914
9-5-46
Date Filed

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.....

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

working under my personal supervision.

Signed H. T. Kidwell

Licensed Embalmer No. 1566

P. O. Address Versailles Mo

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.