S. No. 2
OM—5-43
v. 5-17-39
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

FILED SEP 30 1946

State File No. 29622

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1068

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 449 No. 17th /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //

(c) City or town St Joseph /
(If outside city or town limits, write "RURAL")

(d) Street No. 449 No. 17th 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mr Chester Byron Peasley

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Effie May

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

7. Birth date of deceased June (Month) 12 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	3	8	..... hr. ..... min.

9. Birthplace unk. (City, town, or county) Iowa / (State or foreign country)

10. Usual occupation Retired Barber

11. Industry or business

FATHER
12. Name Aaron Peasley
13. Birthplace -- (City, town, or county) Penn. / (State or foreign country)

MOTHER
14. Maiden name Mary Bostick
15. Birthplace -- (City, town, or county) Penn. / (State or foreign country)

16. (a) Informant Mrs. Hazel Lizar
(b) Address St Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Fleeman & Son Inc.
(b) Address St Joseph, Mo.

19. (a) Sept. 26, 1946 (Date received local registrar) (b) H. J. Westlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 20 year 1946 hour 3 minute 40 P M.

21. I hereby certify that I attended the deceased from July 24, 1946, to Sept 20, 1946, that I last saw him alive on Aug. 30, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer Rectum	2 yrs.
Due to	
Due to 46D	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Cancer Rectum Not resectable (7-30-45 (resectable)
Of autopsy

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 0

23. Signature H. S. Conrad (M. D. ~~another~~)
Address St Joseph Mo. Date signed 9-24-46

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(Licensed Embalmer's Statement on Reverse Side)

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 Robert R Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.