S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5014

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 902

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
444 No. Lawndale 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL") 0

(d) Street No. 444 No. Lawndale
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JAMES GARLAND PEAK

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced wid 2

6. (b) Name of husband or wife Martha Jane

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

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

8. AGE: Years 88 | Months | Days | If less than one day hr. min.

9. Birthplace Ashland (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Bridge Carpenter (retired)

11. Industry or business Mo. Pacific

FATHER
12. Name Wm Peak 9
13. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Clarence M. Peak
(b) Address 444 No. Lawndale

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director C.H.Blackman & Son, Inc.
(b) Address 2825 Independence Blvd.

19. (a) 2-27-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25
year 1947 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Coroner, 19, to, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Suicide	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 164	

Major findings:
Of operations
Of autopsy no
Hurley & Inspection

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) Suicide

(b) Date of occurrence 2-25-47

(c) Where did injury occur? K.C. Jackson Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home (Specify type of place)
While at work? no (e) Means of injury Knife 3

23. Signature James Walker (M. D. or other) Coroner
Address 1424 Prof Mtg Date signed 2-26-47

(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. H D Blackman

Licensed Embalmer No. 3639

P. O. Address. K-C-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.