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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12447

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 116

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 107 Bicknell St Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x x (Specify whether
In this community 10 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No. 107 Bicknell St 4
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Ralph H Peck

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

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Anne H. Peck
6. (c) Age of husband or wife if alive years

7. Birth date of deceased MARCH (Month) 3 (Day) 1905 (Year)

8. AGE: Years 42 Months 0 Days 11 If less than one day hr. min.

9. Birthplace West Cheshire (City, town, or county) Conn / (State or foreign country)
10. Usual occupation Prof. Forestry
11. Industry or business Mo. University

FATHER
12. Name Clinton C. Peck
13. Birthplace (City, town, or county) Conn / (State or foreign country)

MOTHER
14. Maiden name Carrie Stone
15. Birthplace (City, town, or county) Conn / (State or foreign country)

16. (a) Informant Anne H Peck
(b) Address 107 Bicknell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 19-47 (Month) (Day) (Year)
(c) Place: burial or cremation West Cheshire Conn
18. (a) Signature of funeral director P. Owen
(b) Address Columbia Mo
19. (a) 4-15-47 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature) 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th
year 1947 hour 10:30 minute A M.

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

Immediate cause of death Gunshot wound

Due to

Due to Self inflicted

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 164

Of autopsy

Duration

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 April 14-47
(c) Where did injury occur? Home (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Columbia Mo
(Specify type of place)
While at work? (e) Means of injury
23. Signature C. Ward Coroner (M. D. or other) 3
Address Columbia Mo Date signed 4/15/47

(Licensed Embalmer's Statement on Reverse Side)

JUN 4 1947

APR 2 1948

Date Filed 4-23-47

District File Number

RE [illegible]

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 Lyman Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.