No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26622

Registration District No. 378 Primary Registration District No. 6286 Registrar's No. 25

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Mountain Grove-rural-Wood Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wood Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 7 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wright
(c) City or town Mountain Grove-rural-Wood Twp
(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 Raymond Ivan Peacock
3. (b) If veteran, name war World Wra 2
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 Ruby May Peacock
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased January (Month) 19 (Day) 1919 (Year)
8. AGE: Years 28 Months 5 Days 4 If less than one day hr. min.
9. Birthplace Plainfield (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Arg Peacock
FATHER 13. Birthplace Indiana (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Alma Brown
MOTHER 15. Birthplace Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Ruby May Peacock
(b) Address Norwood, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/1947 (Month) (Day) (Year)
(c) Place: burial or cremation Hill Crest Cemetery
18. (a) Signature of funeral director Percy Stapp
(b) Address Mountain Grove, Missouri
19. (a) 7-28-47 (Date received local registrar) (b) A. L. Amos (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd year 1947 hour 10 minute 20 A.M.
21. I hereby certify that I attended the deceased from 6-7-47, 19..., to 6-23, 1947
that I last saw him alive on 6-22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Multiple Sarcomas Stomach, Liver, Lungs	1 yr
Due to Intestines	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature W. A. Craig (M.D. or other) DO
Address Mountain Grove, Mo Date signed 7-28-47

(Licensed Embalmer's Statement on Reverse Side)

SEP 30 1947

AUG 1 1947

JUL 31 1947

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 George Stapp

Licensed Embalmer No. 3161

P. O. Address Mt. Grove M

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.