

No. 2  
-12-45  
5-17-39  
X4707

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35117

FILED OCT 21 1947

State File No. \_\_\_\_\_

Registration District No. 232

Primary Registration District No. 4-35-15818

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Morgan  
(b) City or town Rural-Versailles  
(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  
In this community Lifetime years, months or days)

3. (a) PRINT FULL NAME GEORGE F. PEOPLES

3. (b) If veteran, name war \_\_\_\_\_ 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 Lena May Wilson Peoples 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased July 31 1917  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
30 2 13 hr. min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name James O. Peoples

13. Birthplace Morgan County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lenora Ritchie

15. Birthplace Morgan County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lenora Harriott (Mother)

(b) Address 3 Versailles, Missouri

17. (a) Burial (b) Date thereof Oct 14-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles City Cem.

18. (a) Signature of funeral director R. T. Adair

(b) Address Versailles, Missouri

19. (a) 10-18-47 (b) J. L. Washburn  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan  
(c) City or town Versailles  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural-Versailles  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12  
year 1947 hour 1 minute 30 P. M.

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

Immediate cause of death Suicide Duration \_\_\_\_\_  
Gun shot wound.

Due to \_\_\_\_\_

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) Suicide

(b) Date of occurrence 10-12-47

(c) Where did injury occur Versailles Morgan Mo.  
(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 Morgan County

23. Signature Paul L. Medicine (M. D. or other)

Address Versailles Mo. Date signed 10-13-47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 7,  
District No. 20-47  
Date Filed 2-4-7-121\*

JULY 26 1954

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 Gene A. Dartman  
Licensed Embalmer No. 4031  
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.