

FILED DEC 2 1947
Registration District No. **46**

Primary Registration District No. **3026**

Registrar's No. **382**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Independence Sanitarium**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **30 minutes**
(Specify whether years, months or days)
 In this community **40 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Independence**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1225 W. Walnut**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **MISS FEROL SYLVIA PEAK**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **14**
 year **1947** hour **3:10** minute **P** M.

4. Sex **female** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **Divorced**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Jan. 10, 1895**
(Month) (Day) (Year)

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.

8. AGE:	Years	Months	Days	If less than one day
	52	10	4	_____ hr. _____ min.

Immediate cause of death **Traumatic Skull, Chest, Pelvis**
 Due to _____
 Due to _____

9. Birthplace **Netwaka, Kansas**
(City, town, or county) (State or foreign country)
 10. Usual occupation **School teacher**

Other conditions **1947**
(Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy **History & Inspection**

11. Industry or business
12. Name **Warren Peak**
13. Birthplace **Unknown, Ills.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary E. Davis**
(City, town, or county) (State or foreign country)
15. Birthplace **Salt Lake City, Utah**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **accident 48**
 (b) Date of occurrence **11-14-47**
 (c) Where did injury occur? **Jackson 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? **no** (Specify type of place) (e) Means of injury **Auto**

16. (a) Informant **Mrs. Mary E. Peak**
(b) Address **1225 W. Walnut, Independence, Mo.**
17. (a) Burial **(b) Date thereof** **11-18-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Burial or cremation **Mount Olive**
18. (a) Signature of funeral director **Bob Garrison**
(b) Address **Independence, Mo.**
19. (a) 11-16-47 **(b) [Signature]**
(Date received local registrar) (Registrar's Signature)

23. Signature **[Signature]** (M. D. or other)
Address **1924 W. Walnut** **Date signed** **11-15-47**

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

MOTHER FATHER

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.....

William A. Schlank, Registered Apprentice No. *439*

working under my personal supervision.

Signed.....

R. A. Lisle

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.