

FILED FEB 6 1948

Registration District No. 756

Primary Registration District No. 2001

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 84 days  
Specify whether  
In this community 16 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 713 Byers  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clara M. Peake

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

4. Sex F 5. Color or race Wh 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 19 1872  
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace near Galveston, Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

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

12. Name James W. Maher

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Mary W. Kelly

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Maher

(b) Address 713 Byers

17. (a) Burial (b) Date thereof 1-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mid Hope Cemetery

18. (a) Signature of funeral director O. H. Kane

(b) Address Barber Springs, Jasper

19. (a) 1-24-48 (b) Clara M. Peake  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23  
year 1948 hour 4 minute 40 A.M.

21. I hereby certify that I attended the deceased from Oct 26-47  
to Jan 23 1948  
that I last saw him alive on July 22 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Multicystic Sclerosis Duration \_\_\_\_\_

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

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations S. 7 D

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 \_\_\_\_\_

Signature V. E. Kennedy (M. D. or other) \_\_\_\_\_

Address 311 W. 1st St. Joplin Date signed 1-24-48

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

49  
2  
5

1-2-48

DEC 27 1948

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

working under my personal supervision.

Registered Apprentice No.

Signed *F. N. Shewmake*

*Randall* Licensed Embalmer No. *1998*

P. O. Address *Barter Springs, Kan.*

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.



B-1526

75-4-7

1778  
1872  
76