

No. 2
5-43
5-17-39
1 X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15099**
Registrar's No. **67**

FILED APR 19 1948

Registration District No. **324** Primary Registration District No. **3072**

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo.
(c) Name of hospital or institution:
City Jail 3
(d) Length of stay: In hospital or institution _____
In this community All His Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline
(c) City or town Malta Bend
(d) Street No. R.F.D. 1
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Bonnie Peel
(b) If veteran, name war #
(c) Social Security No. 496-03-3871

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruby LaRueb Peel
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased October 3 1894

8. AGE: Years Months Days If less than one day
53 5 15 hr. min.

9. Birthplace Saline County, Cambridge Township, Mo.

10. Usual occupation Farmer

11. Industry or business Laborer

MOTHER FATHER
12. Name Boonie Peel
13. Birthplace Unknown Illinois
14. Maiden name Dane Decker
15. Birthplace Unknown Unknown

16. (a) Informant Mrs. Boonie Peel
(b) Address Malta Bend, Mo. #1
17. (a) Removal (b) Date thereof 3/28/48
(c) Place: burial or cremation Slater, Mo.

18. (a) Signature of funeral director J. Peelin
(b) Address Marshall, Mo.
19. (a) 3-27-1948 (b) Sidney J. Gray

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 26
year 1948 hour 3 minute 1 M.
21. I hereby certify that I attended the deceased from investigated death 3-26-48
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by hanging
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy 270-1640

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence March 26, 1948
(c) Where did injury occur? Marshall Saline Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
City Jail, Marshall Mo

23. Signature of J. Lawrence Coroner (M. D. or other)
Address Marshall Mo 3 Date signed 3-27-48

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

476-18

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 _____

Marvin V. Newton

_____, Registered Apprentice No. *51*

working under my personal supervision.

Signed _____

J. Leslie Sussung

Licensed Embalmer No. *3235*

, P. O. Address *Marshall, 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.