No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 6 1948

Registration District No. 338

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6148

State File No. 31760

Registrar's No. 27

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

1. PLACE OF DEATH:
(a) County Stoddard (Castor)
(b) City or town Bloomfield Mo - Route 2
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stoddard
(c) City or town Dexter, Mo. 133
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? ..... (~~Yes~~ No) 1
If yes, name country 0

3. (a) PRINT FULL NAME HERCULES EMANUEL PECK

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 Widowed

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased July (Month) 18 (Day) 1894 (Year)

8. AGE: Years 74 Months 2 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Essex (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business .....

FATHER
12. Name John Peck
13. Birthplace Stoddard Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant John Peck 1
(b) Address Bloomfield Mo. Route 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-48 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Dexter, Mo.

18. (a) Signature of funeral director Watkins Fun. Ser.
(b) Address Dexter, Mo.

19. (a) 10-1-48 (Date received local registrar) (b) Rose Webber (Registrar's signature) 259

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21 year 1948 hour 3:05 minute P. M.

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

	Duration
Immediate cause of death Investigation shows heart ~~disease~~ disease (Myocarditis)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 4

23. Signature C A Crane, (~~M. D.~~ or other) Cor.
Address Dexter, Mo. Date signed 9-21-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1048-1266
Date Filed 10-8-48

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.