

FILED SEP 3 1949

STANDARD CERTIFICATE OF DEATH

State File No. 28975

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>6093</u>		Registrar's No. <u>172</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u> , <u>Marshall Township</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Marshall "Rural"</u>)		c. LENGTH OF STAY (in this place) <u>10 dys.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slater</u>		77 3 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saline County Home</u> <u>5</u>				d. STREET ADDRESS (If rural, give location) <u>421 Maple</u> 0			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>MARSHALL</u>		c. (Last) <u>PEEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 22 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Aug. 15, 1867</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		---	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Marshall Peel</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Benjiman</u>			14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. E. L. Hess Slater Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina pectoris</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ----- DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTEMENT BETWEEN ONSET AND DEATH <u>10 hrs</u> <u>6 yrs</u> <u>4/30/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8/10</u> , 19 <u>49</u> , to <u>8/22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8/20</u> , 19 <u>49</u> and that death occurred at <u>5:40 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>8/24/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 27, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Slater City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Slater Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 24-1949</u>		REGISTRAR'S SIGNATURE <u>Sidney J. Gray</u> <u>385</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harry Hershberg Marshall Mo</u>			

RECEIVED

AUG 29

District Health Officer No. 8,

District File Number _____

Date Filed 9-1-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Joseph R. Mackler

Licensed Embalmer No. 4571

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.