N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUL 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22336
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston — Registration District No. 508
(b) Township — Primary Registration District No. 3026 — Registered No.
(c) City Chillicothe — (d) Street No. Chillicothe, Mo. Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John J. Pesch 200
(a) Residence, No. Unknown St. Racine, Wisconsin
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Alice Pesch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1906

7. AGE: Years 31 — Months 11 — Days 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Foundry
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Racine, Wisconsin

FATHER
13. NAME Christopher Pesch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Wisconsin

MOTHER
15. MAIDEN NAME Mary Schuster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Racine Wisconsin

17. INFORMANT Phillip Pesch
(ADDRESS) Racine, Wisconsin

18. BURIAL, CREMATION, OR REMOVAL
PLACE Racine, Wis. DATE June 24, 1938

19. FUNERAL DIRECTOR (NAME) F. B. Norman
(ADDRESS) Chillicothe, Missouri

20. FILED ....., 19.... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1938, to June 23, 1938.
I last saw h. alive on June 23, 1938 Death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:

Concussion of brain & shock following automobile accident

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury June 22 1938
Where did injury occur? near Wheeling, Missouri
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Highway No. 36.
Manner of injury Car accident
Nature of injury Skull & internal injuries, broken limb

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) H. S. Darrell, M. D.
456 (Address) Chillicothe Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, ...

F. B. Norman (#14041), or by .....

Registered Apprentice No....., working under my personal supervision.

Signed F. B. Norman

Licensed Embalmer No. #1404

P. O. Address Chillicothe, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22336
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston — Registration District No. 508
(b) Township — Primary Registration District No. 5026 — Registered No.
(c) City Chillicothe — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John J. Peach.
(a) Residence, No. unknown St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Alice Peach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 30 1906

7. AGE: YEARS 31 — MONTHS 11 — DAYS 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Foundry
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Racine Wis

FATHER
13. NAME: Christopher Peach
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Wis

MOTHER
15. MAIDEN NAME: Mary Schuster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Racine Wis

17. INFORMANT (ADDRESS): Phillip Peach Racine Wis

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Racine Wis — DATE: June 24 1938

19. FUNERAL DIRECTOR (ADDRESS): F. B. Norman Chillicothe Mo

20. FILED ....., 19.....
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 23, 1938

22. I HEREBY CERTIFY That I attended deceased from June 22, 1938, to June 23, 1938
I last saw h.w. alive on June 23, 1938. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:
Concussion
~~Carcinoma~~ of brain
+ Shock following
Automobile accident
Other contributory causes of importance:
automobile hit bridge abutment 210 Mo
Date of onset

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident — Date of injury 6-22, 1938
Where did injury occur? near wheeling mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: Highway no 36 public place
Manner of injury: Car accident
Nature of injury: Skull + internal injuries

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H. S. Dowell, M. D.
(Address) Chillicothe Mo

CAUSE ... n plain terms, so t... me ... statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR ... ES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.