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.

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

REC'D NOV 21 1938

34840
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City, Mo.
Registration District No. 39
Primary Registration District No. 100
Registered No. 4176
(d) Street No. 6716 Walrond 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 Mrs. Polly Ann Peery
(a) Residence, No. 6716 Walrond 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: Female
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: George W. Peery
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 6, 1860
7. AGE: YEARS 78 | MONTHS 2 | DAYS 20 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
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): Missouri

FATHER
13. NAME: Jacob Hedrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Elizabeth Tennell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): George W. Peery, 6716 Walrond
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Oct. 28, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): R. V. Lindsey & Sons, 3811 Broadway
20. FILED 10-26, 1938 M. M. Crowe
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from April, 1938, to Oct 26, 1938
I last saw her alive on Oct 26, 1938. Death is said to have occurred on the date stated above, at 9:30 AM m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset 1937

93c

Other contributory causes of importance:

Influenza - 3 weeks ago -

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) M. R. Casebolt M.D., M. D.
(Address) 222 Realty Bldg K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

Dr. Casabatt
Rialto Bldg

## 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**