

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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**

42026  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 6935 Oak Registered No. 5092  
 (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**

Haines West Peel, Jr.  
 (a) Residence, No. 6935 Oak St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1913

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
25 8 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None, an Invalid  
 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) Kansas City  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Haines West Peel, Sr.

FATHER 14. BIRTHPLACE (CITY OR TOWN) Arkansas  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Hood Oswald

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

17. INFORMANT Haines West Peel, Sr. (Father)  
 (ADDRESS) 6935 Oak Street, Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Mt. Moriah DATE 12/30 1938

19. FUNERAL DIRECTOR (NAME) Stine & McClure  
 (ADDRESS) Kansas City, Missouri

20. FILED Dec 29 1938 M. M. Brown  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1937, to December 29, 1938

I last saw him alive on December 29, 1938 Death is said to have occurred on the date stated above, at A m. 5:30

The principal cause of death and related causes of importance were as follows:

Tuberculosis  
tuberculosis  
 23  
 Date of onset ?

Other contributory causes of importance:  
Empyema April 1938

Name of operation Drainage Empyema Date of 12/12/38  
 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? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) Richard M. Brown M. D.  
 (Address) 1420 Professional Building  
Kansas City, Missouri

1420  
13:00

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**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 comply with the above constitutes grounds for revocation of license.)**

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