

REC'D JUN 8 1939

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

17732

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Law Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 6935 Oak Registered No. 2134 St.  
 (e) Length of residence in city or town where death occurred 49 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)  
 How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

400 Mrs. Mary Hood Peel  
 (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Haines H. Peel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9, 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
49 8 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Kansas City Missouri

FATHER 13. NAME James P. Arnold  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Tommy Hood  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (NAME) Mrs James P. Arnold  
 (ADDRESS) 3126 Forest

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Meriah DATE May 22, 1939

19. FUNERAL DIRECTOR (NAME) D. T. Newcomb's Sons  
 (ADDRESS) Brushcreek & Paces

20. FILED May 22, 1939 M. M. Grove  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from September 17, 1939, to May 20, 1939  
 I last saw her alive on May 19, 1939. Death is said to have occurred on the date stated above, at 7:25 Am.

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

Carcinoma of Cervix 48  
 Date of onset 1938

Other contributory causes of importance:

Name of operation Colostomy Date of 4/18/39  
 What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external cause (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? no

If so, specify \_\_\_\_\_  
 (Signed) Richard J. Helms  
 (Address) 1420 Professional Building Kansas City, Mo

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. 3976

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.**

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2-5