

DEC 11 1939

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

38804

Do not use this space.

4568

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City or Kansas City (d) Street No. La Salle Hotel 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 40 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Florence Howard Peake
(a) Residence, No. 912 Sunwood Blvd. La Salle Hotel (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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George William Peake</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 8 - 1879</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>5</u>
	DAYS <u>21</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Home</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>11-24-39</u>	11. Total time (years) spent in this occupation <u>all</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lees Summit Mo.</u>		
FATHER	13. NAME <u>William B. Howard</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Baltimore Md.</u>	
MOTHER	15. MAIDEN NAME <u>Mary C. Jones</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waverly Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. John P. Ramsey</u> <u>1039 West 52 St. Le. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lees Summit Mo.</u> DATE <u>Dec 1 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>H. B. Langford</u> <u>Lees Summit Mo.</u>		
20. FILED <u>Nov 30 1939 M. M. Crowe</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1939, to Nov. 29, 1939
I last saw her alive on Nov. 29, 1939. Death is said to have occurred on the date stated above, at 7:15 p. m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset
93

Other contributory causes of importance:
Gastro-enteritis

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? ✓ Date of Injury ✓, 1939
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) Chas. F. Clark, M. D.
(Address) Hotel La Salle

(Licensed Embalmer's Statement on Reverse Side)

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

1 X 10605

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.

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 me

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

Signed N. B. Langford
Licensed Embalmer No. 3833
P. O. Address Lee's Summit 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, above space should be left blank.