

39479

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

DEC 15 1939  
Registration District No. 997

Primary Registration District No. 6238

Registrar's No. 3

## 1. PLACE OF DEATH:

(a) County Dent Mo  
(b) City or town Gladden  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)In this community \_\_\_\_\_  
years, months or days 11/83. (a) PRINT FULL NAME Franklin Jesse Peavy

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased Oct 28 1939  
(Month) (Day) (Year)8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 12 hr. min.9. Birthplace Dent Co MO  
(City, town, or county) (State or foreign country)10. Usual occupation infant

11. Industry or business \_\_\_\_\_

12. Name Wm Peavy13. Birthplace Angola Indiana  
(City, town, or county) (State or foreign country)14. Maiden name May Holton15. Birthplace Dent Co MO  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Wm Peavy(b) Address Salem Mo Gladden St17. (a) Burial (b) Date thereof 10 29 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Cherty Cemetery18. (a) Signature of funeral director N D Holton(b) Address Salem Mo 64319. (a) Oct 29 1939 (b) Miss Etha May  
(Date received local registrar) (Date received by registrar) (Registrar's Signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dent(c) City or town Rural  
(If outside city or town limits, write "RURAL")(d) Street No. Gladden  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29  
year \_\_\_\_\_ hour 12 minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from Oct 28, 1939, to Oct 28, 1939  
and that death occurred on the Oct 28 and hour stated above.Immediate cause of death Stenosis of Pulmonary Outlet Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to Low Pressure of CordOther conditions (Include pregnancy within 3 months of death) 1606Major findings: Of operations ✓ PHYSICIAN \_\_\_\_\_Of autopsy None Underline the cause to which death should be charged statistically.22. If death was due to external causes, fill in the following: ✓

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury ✓23. Signature J G DeLoe (M. D. or other) MDAddress Salem Mo Date signed 10 30 39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39  
1-10351

**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.

**RECEIVED**

District Health Officer No. 5,

Signed.....

District File Number 1239444

Licensed Embalmer No.....

Date Filed 12839

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.