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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.

Registration District No. 689

Primary Registration District No. 5917

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County PIKE

(b) City or town RURAL (BUFFALO)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RURAL (LOUISIANA MO)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community ENTIRE LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE

(c) City or town LOUISIANA MO (RURAL)
(If outside city or town limits, write "RURAL")

(d) Street No. RFD-1
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME GARLAND S. PEAY

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 Married

6. (b) Name of husband or wife Walter Reed

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased Feb 25 1851
(Month) (Day) (Year)

8. AGE: Years 88 Months 8 Days 26
88 8 26
hr. _____ min. _____

If less than one day

9. Birthplace Pike Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER

12. Name William Peay

13. Birthplace Pike Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Such

15. Birthplace Pike Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. E. Johnson

(b) Address Louisiana Missouri

17. (a) Burial (b) Date thereof Nov 23, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LOUISIANA MO

18. (a) Signature of funeral director W. J. Duff

(b) Address Louisiana Mo

19. (a) Nov. 21/39 (b) W. E. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1939 hour 8:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Nov 21-
1939, to Nov 21, 1939.

that I last saw him alive on Nov 21, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Severe debility Duration _____

Due to Arterio Sclerosis

Due to _____

Other conditions 77
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
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 W. E. Johnson (M. D. or other) _____
Address Louisiana Mo Date signed _____

RECEIVED

District Health Officer No. 10

District File Number 12-39-2051

Date Filed DEC 5 1939

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.....

Harold V. Garner

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Harold V. Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana

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.