

STANDARD CERTIFICATE OF DEATH

2006

FEB 15 1940

State File No. _____

Registration District No. 163

Primary Registration District No. 4095

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Eldorado Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
404 S Kirkpatrick 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 2 5 1

8. (a) PRINT FULL NAME CORA PECKENPAUGH

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Henry Peckenpaugh 6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased May 6 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Burris Duwall
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Frances Johnson
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Agnes Lindsey
(b) Address Eldorado Springs, Mo

17. (a) _____ (b) Date thereof Jan. 11-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wright Cem. Cedar Co. Mo

18. (a) Signature of funeral director Merim Siders
(b) Address Eldorado Springs, Mo 154

19. (a) Jan 26 1940 (b) J. W. Dawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Eldorado Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 404 S Kirkpatrick
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1940 hour 9 minute 30 AM

21. I hereby certify that I attended the deceased from Sept 20 1939 to Jan 2 1940
that I last saw h. alive on Jan 2 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Duration _____

Due to _____

Due to HW

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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, or public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. J. Dunaway (M. D. or other) MD
Address Udover's Spg Date signed 1-16-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

20
1
0

RECEIVED
District Health Officer No. 7,
District File Number 2-40-163
Date Filed 2-2-48

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 *M. J. Swann*

Licensed Embalmer No. 2034

P. O. Address *Edwards St. 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.