

FILED MAR 12 1940
 Registration District No. 12

Primary Registration District No. 5407

35

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

1. PLACE OF DEATH
 (a) County Dunklin "Cotton Hill Top"
 (b) City or town near Malden
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community Life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Dunklin
 (c) City or town Malden Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? ✓ _____ years.

3. (a) PRINT FULL NAME Patricia Peck
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 25
 year 1940 hour 6 minute 15 a. M.

4. Sex Female 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 alive _____ years

21. I hereby certify that I attended the deceased from Feb. 22, 1940, to Feb. 25, 1940
 that I last saw her alive on Feb. 24, 1940
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Nov. 17 - 37
(Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
2 3 8 hr. _____ min.

Immediate cause of death Broncho Pneumonia
 Due to Influenza
 Due to _____

9. Birthplace Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation _____

Other conditions ✓
(Include pregnancy within 3 months of death)
 Major findings: ✓
 Of operations: _____
 Of autopsy: ✓

MOTHER FATHER
 11. Industry or business _____
 12. Name Ralph Peck
 13. Birthplace Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Paul Hilton
 15. Birthplace Kan
(City, town, or county) (State or foreign country)

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? 262
 (e) While at work? ✓ (Specify type of place)
 (f) Means of injury _____

16. (a) Informant Robert Hilton
 (b) Address Malden Mo.
 17. (a) Burial (b) Date thereof Feb. 26-40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Malden City Center
 18. (a) Signature of funeral director Landers + Son
 (b) Address Campbell Eng.
 19. (a) 2/26/1940 (b) L. E. Mitchell
(Date received by registrar) (Registrar's signature)

23. Signature Lomer Bell (M. D. or other) ✓
 Address Malden Mo. Date signed 2/26/40

Duration
3/20/40
3/17/40
PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 2,

District File Number 340-722

Date Filed 3/11/40

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.

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.