

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

6594
Do not use this space.

1. PLACE OF DEATH
 (a) County Greene - 2 Registration District No. 312
 (b) Township Jackson Primary Registration District No. 54312
 (c) City or Forest city mo (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joshua M.C. Peck
 (a) Residence, No. Forest city mo St. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26-1865
 7. AGE YEARS 74 MONTHS 4 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Rec'd Section Foreman CB-16118
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) 4-4-1940 11. Total time (years) spent in this occupation 54
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cambridge Ohio
 FATHER 13. NAME John M.C. Peck
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 MOTHER 15. MAIDEN NAME Melissa P
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT (ADDRESS) Mr. John Weckert Forest city
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest city mo DATE 2-10-1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rev. Gaggart King city mo
 20. FILED 2-9- Donald D. Hunt Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8-1940
 22. I HEREBY CERTIFY, That I attended deceased from May 19 1936 to Feb 8 1940
 I last saw him alive on Feb 7 1940 Death is said to have occurred on the date stated above, at 2:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1931
Chronic Bright's disease
 Other contributory causes of importance _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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) Dr. Isaac Barnes M.D.
 (Address) King City, Mo.

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.

RECEIVED

District Health Officer No. 11;

District File Number 340-278

Date Filed MAR 8 1940

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. 2563

P. O. Address King City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.