

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

10847
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 288
 (b) Township Smith Primary Registration District No. 4172
 or Kennett Mo (d) Street No. 1 Musnell Hospital St.
 (c) City Kennett Mo (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

Robert Allen Peltz
 (a) Residence, No. 1 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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lara Peltz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 6-1866</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>10</u>	DAYS <u>15</u>
If LESS than 1 day,hrs. ormin.		
OCCUPATION		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>		
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)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21-40

22. I HEREBY CERTIFY, That I attended deceased from 1-20-39 to 3-21-40, 1940
 I last saw him alive on 3-21-1940, 19..... Death is said to have occurred on the date stated above, at.....m.
 The principal cause of death and related causes of importance were as follows:
Brainic Poisoning
Lets
 Date of onset 3-1-40

Other contributory causes of importance:
Lobar Pneumonia
Delectosis of Lung
 1-20-40

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? no
 If so, specify.....
 (Signed) E. W. Presnell, M. D.
 (Address) Kennett Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Dunklin Mo

FATHER

13. NAME Joe Peltz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo

MOTHER

15. MAIDEN NAME Mary Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo

17. INFORMANT (ADDRESS)
Claude Peltz
Kennett R-1

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Liberty DATE 3-22-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS)
Hugh Smith
Kennett Mo

20. FILED 4-9 1940
Thurston
Local Registrar.

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very imp.

RECEIVED

District Health Officer No. 2.

District File Number 440-93

Date Filed 4/12/40

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 A. C. Lawdell

Licensed Embalmer No. 818

P. O. Address Kennett 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10847

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 288

Primary Registration District No. 4172

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett
(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)
In this community _____ (Specify whether)
years, months or days)

3. (a) PRINT FULL NAME Robert Allen Pelts

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 15 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 4-9-40 (b) Thelma Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Burse (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location) Route 1
(e) If foreign born, how long in U. S. A. ? _____ years

20. DATE OF DEATH Month 3 day 21

year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

Duration
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 R. A. V. Presnell (or other)
Address Kennett Mo Date signed _____

SUPPLEMENTARY

S-10847

1940