. S. No. 2
I—11-10-39
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11328

Registration District No. 411

Primary Registration District No. 2602

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution 1511 E. 6th (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community years, months or days) Tenn

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1511 E 6th St (If rural, give location)

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

3. (a) PRINT FULL NAME James S Peek

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 Margaret Peek

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June (Month) 24 (Day) 1872 (Year)

8. AGE: Years 68 | Months 9 | Days 7 | If less than one day hr. min.

9. Birthplace Putnam County (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Peek
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Elizabeth Aldridge
15. Birthplace Unknown (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Mrs Edna Bundy

(b) Address Webb City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director Webb City Ind

(b) Address Webb City Mo

19. (a) 4-4-40 (Date received local registrar) (b) E S James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 year 1940 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from March 29, 1940, to March 31, 1940 that I last saw him alive on March 31, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to	
Due to	
Other conditions Indigestion (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? 372 (Specify type of place)

While at work? (e) Means of injury

23. Signature O H Johnson DeP (Signature)

Address 315 Miners Bank Bldg Date signed April 2 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 440-1077
Date Filed APR 10 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 myself, ..., Registered Apprentice No. .....

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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.