

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

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

APR 23 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11475

Registration District No. 447

Primary Registration District No. 4267

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Laclede
 (b) City or town Lebanon Mo
 (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 2 (Specify whether
 In this community all her life (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Laclede
 (c) City or town Lebanon Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 228 Garfield
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Lula Elizabeth Peary
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 7 day 9
 year 40 hour 6 minute 30 a. M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife J. Elmer Peary 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased July 26 1892
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
3-15, 1940, to 4-9, 1940,
 that I last saw her alive on 4-9, 1940,
 and that death occurred on the date and hour stated above.

8. AGE: Years 47 Months 8 Days 13 If less than one day
 hr. _____ min. _____

Immediate cause of death Cancer Left Breast with metastases to spine.
 Due to _____
 Duration Oct. 1939.

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

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 50

10. Usual occupation Housewife

Major findings: Of operations _____
 Of autopsy none

MOTHER FATHER
 11. Industry or business _____
 12. Name William Decker
 13. Birthplace Deat Know (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Ballard
 15. Birthplace Deat Know (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 to or about home, on farm, in industrial place, in public place? _____
 While at work? _____ (Specify type of place)
 (e) Means of injury _____

16. (a) Informant's own signature J. Elmer Peary
 (b) Address 228 Garfield, Lebanon
 17. (a) Burial (b) Date thereof 4/11/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Peary Cemetery
 18. (a) Signature of funeral director W.E. Toland
 (b) Address Lebanon Mo
 19. (a) 4-13-1940 (b) J. M. Lamb
 (Date received local registrar) (Registrar's signature)

23. Signature Karl A. Jenkins (M. D. or other)
 Address Lebanon, Mo. Date signed 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.....

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.