

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.

Registration District No. 4 Primary Registration District No. 3001

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: A. S. O. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Tony Stuart Peoples
8. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 22 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business ---

MOTHER FATHER { 12. Name Justin Peoples
13. Birthplace Leonard Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Helen Stuart
15. Birthplace Leonard Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lowell Stuart
(b) Address Leonard Missouri

17. (a) Burial (b) Date thereof 4-29-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hagers Grove Cemetery

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Kirkville, Missouri

19. (a) April 29/40 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr. day 28
year 1940 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from Apr. 27, 1940 to Apr. 28, 1940
that I last saw him alive on Apr. 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary Atelectasis
Due to Pneumatury

Due to _____
Other conditions (Include pregnancy within 3 months of death) 154

Major findings: Of operations _____
Of autopsy _____
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? _____

3 While at work _____ (Specify type of place) (e) Means of injury _____
28. Signature John H. Kirby (M. D. or other) D.O.
Address Kirkville Date signed 4/29/40

RECEIVED

District Health Officer No. 10

District File Number 5-46-1180

Date Filed MAY 16 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.....

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.