

FILED MAY 17 1940

State File No. _____

Registration District No. 376

Primary Registration District No. 5552

Registrar's No. _____

1. PLACE OF DEATH: Jackson Fork Osage Ind

(a) County: Jackson

(b) City or town: Rural Buckner
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Rural Buckner
(If outside city or town limits, write "RURAL")

(d) Street No. RR No. 1.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? About 4 P. M. years.

3. (a) PRINT FULL NAME: David W. Peffer 160

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: Single

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

7. Birth date of deceased: April 14 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>0</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace: Independence Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer and fruit man

11. Industry or business: Orchard owner

12. Name: John Peffer 4

13. Birthplace: Michigan 4
(City, town, or county) (State or foreign country)

14. Maiden name: Anna Moffet England
(City, town, or county) (State or foreign country)

16. (a) Informant: William E. Peffer

(b) Address: Buckner Mo. RR No. 1.

17. (a) _____ (b) Date thereof: _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Woodlawn Ind Mo.

18. (a) Signature of funeral director: W. M. Peffer

(b) Address: Buckner Mo. #2321

19. (a) Apr 19 1940 (b) John W. Robertson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION April 15th

20. DATE OF DEATH: Month 4 day 16
year 1940 hour 10:10 minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
Crown
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Bright wound of the head.

Due to: _____

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): suicide

(b) Date of occurrence: 4/16/40

(c) Where did injury occur? Buckner Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
358 Home.

While at work? no (Specify type of place) (e) Means of injury: _____

23. Signature: W. M. Peffer (M. D. or other) 4/16/40

Address: Keokuk Date signed: _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 H. M. Reppert

Licensed Embalmer No. 2321

P. O. Address Buckner, 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.