

MAY 1 1940

Registration District No. 846

Primary Registration District No. 6111

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stone *MMT*
(b) City or town Cass - Rural
(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 1 1 1

3. (a) PRINT FULL NAME Gary Wendell Peebles

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

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced ✓

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

7. Birth date of deceased Mar. 12 - 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation 0

11. Industry or business 0

12. Name Orville Peebles 0

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

14. Maiden name Nazel Sugate

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

16. (a) Informant Orville Peebles
(b) Address Cleaver, Mo.

17. (a) Burial (b) Date thereof Apr. 19, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frazier Chapel

18. (a) Signature of funeral director J. W. Maples
(b) Address Cleaver, Mo.

19. (a) 5-11-1940 (b) H. G. Shuman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone
(c) City or town Rural
(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 April day 19
year 1940 hour 12-30 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him, alive on March 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown. Body when seen was stiff and had only been ill few hours.
Due to _____
Due to No Injuries

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

Major findings: Of operations _____
Of autopsy _____

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? 760
While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature H. P. [unclear] (M. D. or other) MD
Address Cleaver, Mo Date signed 4-19-40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 540-1307

Date Filed 131940

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.