82 FILED MAY 1 5 1940

No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16377

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 115

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

1. PLACE OF DEATH:

(a) County Vernon

(b) ~~City or town~~ Rockwood - WASHINGTON Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No 3 (If not in hospital or institution, write street number or location) 30

(d) Length of stay: In hospital or institution 1 yr 6 mos 16 dys (Specify whether In this community Same years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence

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

(d) Street No. Not Known (If rural, give location)

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

3. (a) PRINT FULL NAME Mrs JENNIE PECK 201

3. (b) If veteran, name war No

3. (c) Social Security No. Not Known

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Not Known

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

7. Birth date of deceased Aug (Month) 14th (Day) 1865 (Year)

8. AGE: Years 74 Months 8 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Housewife 4

11. Industry or business Home

FATHER
12. Name JAMES BRODERICK 5
13. Birthplace Unknown (City, town, or county) Scotland (State or foreign country)

MOTHER
14. Maiden name Rose Sullivan
15. Birthplace Unknown (City, town, or county) Isle of Man (State or foreign country)

16. (a) Informant Records State Hospital No 3

(b) Address Nevada Mo

17. (a) ~~Removal~~ Burial (Burial, cremation, or removal) (b) Date thereof April 18, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Bolivar, Mo

18. (a) Signature of funeral director Terry Funeral Home

(b) Address Nevada, Mo.

19. (a) 4/16/40 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th year 1940 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 24th, 1939, to April 16th, 1940 that I last saw h. E.R. alive on April 16th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to

Due to

Other conditions Arterio Sclerotic Heart Dis Senility (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. S. Waroich (M. D. ~~or other~~)

Address State Hospital No 3 Nevada, Mo Date signed 4/16/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-40-732
Date Filed 5-6-40

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~~ Personal

....., Registered Apprentice No.....

working under my personal supervision.

Signed Lloyd R. Winscott

Licensed Embalmer No. 3867

P. O. Address Yurada, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.