

OL 15 1940
No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20931
State File No. 2548
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
In this community 17 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1317 Madison
(If rural, give location)
(e) If foreign born, how long in U. S. A. -- years.

3. (a) PRINT FULL NAME James Thomas Peck 207
(b) If veteran, name war --
(c) Social Security No. 702-07-8965

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 22
year 1940 hour -- minute -- M.

4. Sex Male 5. Color or race wh
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna E. Peck
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Aug 4 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-3-1940 to 6-22-1940
that I last saw him alive on 6/21, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 10 18 hr. min.

Immediate cause of death Pulmonary Embolism
Due to Empyema of both lungs
Due to 1110
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

9. Birthplace Kansas
(City, town, or county) (State or foreign country)
10. Usual occupation Railroad
11. Industry or business Railroad
12. Name George s. Peck
13. Birthplace Florida
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda Hatton
15. Birthplace Penn
(City, town, or county) (State or foreign country)

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

16. (a) Informant Lester B. Peck
(b) Address R. R. #2 Kansas City, Ks.
17. (a) Burial (b) Date thereof 6-24-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn
18. (a) Signature of funeral director Robert Anderson
(b) Address 4139 East 15th
19. (a) June 23, 1940 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

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?
While at work? (Specify type of place) Means of injury 1
23. Signature James R. Peck (M. D. or other)
Address 64 West 1st St. Bldg. 100 Date signed 6/24/40

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. E. Henderson

Licensed Embalmer No.....

3657

P. O. Address.....

K.C. 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.