

FILED SEP 16 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH28710
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
 (b) Township Independence Primary Registration District No. 3019 Registered No. 222
 (c) City Independence (d) Street No. Independence Sanitarium St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 27th and Chestnut Road St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nella Ann Peoples
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 7 26
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stationary Eng.
 9. Industry or business in which work was done, as saw mill, bank, etc. Standard Oil Co.
 10. Date deceased last worked at this occupation (month and year) Sept. 3/40
 11. Total time (years) spent in this occupation 25 yrs.
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record Missouri
 FATHER
 13. NAME James Peoples
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record Illinois
 MOTHER
 15. MAIDEN NAME Mary Parker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record Missouri
 17. INFORMANT (NAME) (ADDRESS) Mrs. Nella Ann Peoples Independence, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Floral Hills Cem. Sept. 8, 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) George C. Carson Independence, Mo.
 20. FILED Sept. 7, 1940 F. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5, 1940
 22. I HEREBY CERTIFY, That I attended deceased from 19 to 19, 19...
 I last saw alive on Sept. 4, 1940 19... Death is said to have occurred on the date stated above, at 8:40 A.M.
 The principal cause of death and related causes of importance were as follows:
Fracture of Thoracic Ribs
Laceration + Hemorrhage of Brain
 Other contributory causes of importance: 210 m
 Name of operation Autopsy Date of Sept. 10, 1940
 What test confirmed diagnosis Autopsy Was there an autopsy? Yes
 23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 9-5-40
 Where did injury occur? New Jackson Court
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Car Hit by Truck
 Nature of injury Car Hit by Truck
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Yes
 (Signed) Russell W. Jones, M. D.
 (Address) 361

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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 *L. M. Steer*

Licensed Embalmer No. *3756*

P. O. Address *Independence 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.