

Registration District No. 801

Primary Registration District No. 4430

Registrar's No. 23

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

I. PLACE OF DEATH

(a) County BALINE  
(b) City or town Sweet Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
310 Spring St?  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 25 yrs. (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME W.M. CHANNING PELOT

8. (b) If veteran, name war WORLD'S WAR 3. (c) Social Security No. 420

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCE

6. (b) Name of husband or wife MARGRETE PELOT 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased. Aug 7-1867  
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation GENERALIST

11. Industry or business PAPERS.

MOTHER FATHER { 12. Name JAS. M. PELOT

18. Birthplace ABBEVILLE S. CAR. (City, town, or county) (State or foreign country)

14. Maiden name FLEANORA BURLEY

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

16. (a) Informant Chas Pelot

(b) Address SWEET SPRINGS Mo.

17. (a) BURIAL (b) Date thereof 8 17 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FAIRVIEW CEMETRY

18. (a) Signature of funeral director R.C. Carter

(b) Address Sweet Springs Mo

19. (a) 8/16/40 (b) W. Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BALINE  
(c) City or town SWEET SPRINGS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 310 SPRING ST.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15  
year 1940 hour 06 minute 07 A.M.

21. I hereby certify that I attended the deceased from July 5, 1940 to July 15, 1940  
that I last saw him alive on July 15, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis Heart Disease Duration 3 year

Due to Arterio-sclerosis

Due to \_\_\_\_\_

Other conditions AS 10 2  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
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? NO  
(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Lesburn E. Elli (M. D. or other) \_\_\_\_\_  
Address Sweet Springs Mo Date signed 8/16/40

**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.....

..... Registered Apprentice No.....  
working under my personal supervision.

Signed *R. C. Carter*

Licensed Embalmer No. 3513

P. O. Address *Trust Building*

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.