

No. 2
11-10-39
5-17-39
1 X21432

FILED AUG 1 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29863

Registration District No. 831 Primary Registration District No. 4504 Registrar's No. 4

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Shelbyville Mo.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution 30 yrs (Specify whether years, months or days)

8. (a) PRINT FULL NAME Wm. PEOPLES 142
3. (b) If veteran, name war No.
3. (c) Social Security No.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Nora
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Sep-2-1870 (Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days hr. min.

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

10. Usual occupation School teacher

11. Industry or business

MOTHER FATHER
12. Name John Peoples
13. Birthplace Sullivan Co, Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Amanda Peoples
15. Birthplace Clarence Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Nora Peoples
(b) Address Shelbyville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4-1940 (Month) (Day) (Year)
(c) Place: burial or cremation L.O.O.F. Chestnut

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina Mo.

19. (a) July 3 (b) Pearl Goe (Dated received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Shelby
(c) City or town Shelbyville (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 July day 2 year 1940 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from Mar 4 1940 to July 2 1940 that I last saw him alive on July 2 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to
Due to

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?

While at work? (Specify type of place) 710
(e) Means of injury 3

23. Signature Howard H. Dutton (M. D. or other) D.D.
Address Bethel Mo. Date signed 6/7/40

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

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

RECEIVED
District Health Officer No. 10
7-40-1488
JUL 27 1940

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 Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina 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.