FILED JAN 23 1941
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41709

Registration District No. 26 Primary Registration District No. 3002 Registrar's No. 172

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

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 17 days. Audrain 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days (Specify whether
In this community 17 days years, months or days)

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

3. (a) PRINT FULL NAME James Walter Peery.
3. (b) If veteran, name war
3. (c) Social Security No. —
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida M Peery.
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Aug 27 1871 (Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 0 If less than one day hr. — min.

9. Birthplace Martinsburg Mo (City, town, or county) (State or foreign country)
10. Usual occupation Mail Carrier
11. Industry or business Messenger
MOTHER FATHER
12. Name James E Peery.
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Kathren D. Peery.
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Clifford Peery
(b) Address Martinsburg Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/40 (Month) (Day) (Year)
(c) Place: burial or cremation Wellsville Mo.
18. (a) Signature of funeral director F B Wells
(b) Address Wellsville Mo.
19. (a) Dec 28 1940 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27 year 1940 hour 3.45 minute P. M.
21. I hereby certify that I attended the deceased from December 10th. 1940, to Dec. 27, 1940 that I last saw him alive on December 27, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia (Terminal) — Duration
Due to Fracture of left hip 12-10-"40
Due to 1860
Other conditions Advanced arterial degeneration
(Include pregnancy within 3 months of death)
Major findings: Of operations No operation.
Of autopsy No

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) Accident
(b) Date of occurrence Dec. 10, 1940
(c) Where did injury occur? Martinsburg, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Own Garage fell when entering garage (Specify type of place)
While at work? Yes (e) Means of injury hip fracture
23. Signature J F Harrison (M. D. or other)
Address Mexico Mo Date signed 12-29-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-41-147
Date Filed

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~~ Personally, Registered Apprentice No. working under my personal supervision.

Signed S. B. Wells

Licensed Embalmer No. 1588

P. O. Address Fellsville

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

If this body is not embalmed, fact should be so stated above.