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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 16 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42633

Registration District No. 347

Primary Registration District No. 3018

Registrar's No.

1. PLACE OF DEATH:

(a) County: Henry Clinton

(b) City or town: Clinton

(c) Name of hospital or institution: Welzel Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution: 6 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Henry

(c) City or town: CLINTON
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME: Baby Peck

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25 year 1940 hour 1 minute 15 A M.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: 12 (Month) 24 (Day) 40 (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>6</u> hr. _____ min.

21. I hereby certify that I attended the deceased from Dec 24 7:30 P.M., 1940 to Dec 25, 12:15 P.M., 1940 that I last saw him alive on Dec 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Fatal of Form of Ovale to Clove (Blue Baby)

Due to _____

Due to _____

Other conditions: 161C
(Include pregnancy within 3 months of death)

9. Birthplace: Clinton (City, town, or county) MO (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name: Wyatt Peck

13. Birthplace: Lentener (City, town, or county) MO (State or foreign country)

14. Maiden name: Pauline Cole

15. Birthplace: Oswatonic (City, town, or county) K9N (State or foreign country)

16. (a) Informant: Wyatt Peck

(b) Address: Clinton MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12 26 40 (Month) (Day) (Year)

(c) Place: burial or cremation: Englewood Cem

18. (a) Signature of funeral director: Fred Wilkinson

(b) Address: Clinton MO

19. (a) Dec. 31, 1940 (Date received local registrar) (b) Dr. J. R. Hamilton (Registrar's signature)

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? 312 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature: Dr. J. R. Hamilton (M. D. or other) 1940

Address: Clinton MO Date signed: Dec 25 1940

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

RECEIVED

District Health Officer No. 7,

District File Number 1-41-18

Date Filed 1-3-41

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.....

Fred Wilkinson

Licensed Embalmer No.....

2478

P. O. Address.....

Clendon 7

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

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