

REC'D MAR 14 1941
Registration District No. 399

Primary Registration District No. 1002

State File No. 703
Registrar's No.

1. PLACE OF DEATH:

(a) County... Jackson

(b) City or town... Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Menorah Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Weeks
(Specify whether years, months or days)

In this community 3 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jackson

(c) City or town... Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 5841 Highland Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Alice Peeso

3. (b) If veteran, name war... No

3. (c) Social Security No... None

4. Sex Female race White

5. Color or race White

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

6. (b) Name of husband or wife... Mr. James E. Peeso

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

7. Birth date of deceased... March 23 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>10</u>	<u>21</u> <u>28</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business -----

MOTHER FATHER

12. Name Charles Faulkner

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Wetzel

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

16. (a) Informant Mrs. Viola Cahill

(b) Address 5841 Highland Avenue

17. (a) Burial (b) Date thereof Feb. 17, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer, Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 2/17/41 (b) M. M. Corone
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th
year 1941 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Oct 1
1940 to Feb 14 1941
that I last saw h. in alive on Feb 14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Cancer of sigmoid

Due to -----

Due to 11/6

Other conditions 468
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations -----

Of autopsy -----

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? -----

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

23. Signature D. Morris Gumbert (M.D. or other) MD
Address 420 Prof Bldg Date signed 2/15/41

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

12:30 P.M. 804

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:

Emile M. Calhoun

Licensed Embalmer No. *2506*

P. O. Address *Ke W*

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, fact should be so stated above.