

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St Joseph
 (c) Name of hospital or institution:
514 Thompson Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 4 days
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alice Jane Peden
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex F
 5. Color or race W
 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Joseph G. Peden
 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased Feb. 13, 1861
 (Month) (Day) (Year)

8. AGE:
 Years 80 Months 0 Days 9
 If less than one day _____ hr. _____ min.

9. Birthplace Wathena / Kans.
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business --

MOTHER { 12. Name Benjamin McVey
 13. Birthplace unknown / Kentucky
 14. Maiden name Sally McDowell (State or foreign country)
 15. Birthplace unknown / unknown (State or foreign country)

16. (a) Informant E. L. Peden

(b) Address 514 Thompson Ave St Joseph

17. (a) Burial (b) Date thereof Feb. 24-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cem.

18. (a) Signature of funeral director [Signature]

(b) Address Wathena, Kansas

19. (a) 2-22-1941 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kansas (b) County Doniphan 999
 (c) City or town Wathena rural 14
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1 mile southeast Wathena
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? -- 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22nd
 year 1941 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb 13
 1941 to Feb. 22 1941;
 that I last saw her alive on Feb 21 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular lesion of Heart.
 Duration 3 wks

Due to _____
 Due to 92C
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: none
 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? _____

23. Signature [Signature] (Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 Address Wathena, Mo. Date signed 2-23-41

Personal History
Denton Road
Open and Dr. Duesman
over

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 _____
by me _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____ *H. Dadds* _____
Licensed Embalmer No. 3023
P.O. Address Waltham, Kans.

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.