FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

48

10899
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 4020
(b) Township Sni-a bar — Primary Registration District No. 4237 — Registered No.
(c) City Oak Grove — (d) Street No. 1 — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lula Bell Peerson
(a) Residence, No. Rural — St. — 0
(Usual place of abode, if no street address, write county or city) — (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F M — 4. COLOR OR RACE W — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Porter Peerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 16-1881

7. AGE — YEARS 69 — MONTHS 11 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Mo 0

FATHER
13. NAME Geo W. Corn.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Mo 0

MOTHER
15. MAIDEN NAME Betty Temple
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Mo 0

17. INFORMANT (ADDRESS) Porter Peerson Oak Grove Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Mo DATE Feb. 27, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs G Bleeble - Son Oak Grove Mo

20. FILED 3/15/41, 19 — Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1941, to same, 19
I last saw her alive on Feb 25, 1941 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

myocarditis — Date of onset

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Other contributory causes of importance:

Psoas Absess & absess of Kidney

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John C Hadler D.O.
(Address)

Special Agent, Bureau of the Census
Jackson County Health Dept.
INDEPENDENCE, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 R Blurbb

Licensed Embalmer No. 2352

P. O. Address Blue Springs

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

If this body is not embalmed, above space should be left blank.