

FILED MAY 10 1941

Registration District No. 4267

Primary Registration District No. 4267

Registrar's No. _____

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

3. (a) PRINT FULL NAME Rebecca Mildred Peters
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Robert M. Peters 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 22 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 4 0 hr. min.

9. Birthplace Camden Co Ormo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name J. L. Wimprey

13. Birthplace Camden Co Ormo
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Amos

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

16. (a) Informant James Peters

(b) Address Lebanon, Mo.

17. (a) burial (b) Date thereof April 23 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon City Cemetery

18. (a) Signature of funeral director W. E. Holman

(b) Address Lebanon, Mo.

19. (a) 4-28-41 (b) J. A. M. Coult
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Laclede 53
 (c) City or town Lebanon, Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
 year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from August 40
 _____, 1940 to April 22, 1941;
 that I last saw her alive on April 22, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Colon 2 yrs

Due to terminal bronchial pneumonia 2 days

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration

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? _____

404
 While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature James L. Hope (M. D. or other) _____

Address Lebanon, Mo. Date signed 4/23/41

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

RECEIVED

District Health Officer No. 7.

District File Number 5-41-832

Date Filed 5-9-41

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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed W. E. Holman.....

Licensed Embalmer No. 4107

P. O. Address Lebanon, Mo.

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.