

FILED SEP 12 1941

Registration District No. 377

Primary Registration District No. 1002

48
86

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

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
(Specify whether
In this community 8 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁰⁴⁸
(c) City or town Kansas City ²⁰²
(If outside city or town limits, write "RURAL")
(d) Street No. 2426 East 10th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SYLVIA PEACHER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife John Peacher 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Jan. 20 - 1902
(Month) (Day) (Year)

8. AGE: Years 39 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Valley Falls Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business

MOTHER FATHER { 12. Name John Seller
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Mattie Newan
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant John Peacher

(b) Address 2426 E. 10th

17. (a) Burial (b) Date thereof 8/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mont. St. Mary's

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

(b) Address 86606 Ind. ave.

19. (a) 8/20/41 (b) M. W. Groom
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th
year 1941 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from 7-28-41, 19____, to 8-18-41, 19____;
that I last saw her alive on 8-18-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Actinomycesis

Duration

About 2 yrs

Due to 43:1

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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?

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

23. Signature Dr. R. Thom (M. D. or other)
Address Med. Dir. J.C. Gen. Hospital Date signed _____

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 *John Sheit*
Licensed Embalmer No. *2625*

P. O. Address.....

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.