S. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37375

State File No. 4170

Registration District No. 399 DEC 22 1941

Primary Registration District No. 1002

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: Ost Marys Hospital (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 22 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 1240 S. Main (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mr. Lee Peacock

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race wh

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 17 (Day) 1861 (Year)

8. AGE: Years 80 Months 3 Days 22 If less than one day hr. min.

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

10. Usual occupation Retired R.R. Agent

11. Industry or business

FATHER
12. Name James Peacock
13. Birthplace Richmond Ky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minerva McCarty
15. Birthplace Lexington Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Miss Bernice Peacock

(b) Address 1240 S. Main

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-41 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Ott + Mitchell

(b) Address Independence, Mo

19. (a) 11-10-41 (Date received local registrar) (b) M. M. Crown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9th year 1941 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 20, 1941, 19 to Nov 9, 1941 that I last saw him alive on Nov 3, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the neck of the rt femur

Due to Fall in his home

Due to General debility and weakness of the legs caused the fall

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 18 6a

Of autopsy

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) accident

(b) Date of occurrence Oct 20, 1941 120

(c) Where did injury occur? Independence, Ja. Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work Retired (e) Means of injury Fract

23. Signature [signature] (M.D. or other)

Address Independence Date signed Nov 16 41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 646

P. O. Address Independence

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

If this body is not embalmed, fact should be so stated above.