

JAN 7 1942 85

Registration District No. _____

Primary Registration District No. 1001

Registrar's No. 1212

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1317 Mitchell Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether)
In this community 12 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Louis Peachee

3. (b) If veteran, name war Spanish-American 3. (c) Social Security No. 491-09-5399

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Peachee 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased March 2 1877
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>64</u> | <u>9</u> | <u>17</u> | hr. min. |

9. Birthplace Wellington Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Bar Tender
11. Industry or business Robidoux Hotel

12. Name Matt Peachee
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Fletcher
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Peachee
(b) Address 1317 Mitchell Ave. St. Joseph, Mo.
17. (a) Burial (b) Date thereof 12/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sugar Creek Cemetery

18. (a) Signature of funeral director Halter Meyerhoffer
(b) Address 1302 Faron St. St. Joseph, Mo.
19. (a) 12/21/41 (b) H J Westbush
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1317 Mitchell Avenue
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Decemeber day 19th.
year 1941 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from Oct 2-1940
19 Dec 19 1941
that I last saw him alive on Oct 18 Dec 18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 5 days

Due to arterial hypertension + stenosis
Due to He had a cerebral hemorrhage + hemiplegia Oct 19 40

Other conditions (Include pregnancy within 5 months of death)

Major findings: 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? _____

While at work? (Specify type of place) (e) Means of injury _____
23. Signature L C Bauman (M. D. or other) _____
Address kirkpatrick Bldg., St. Joseph Date signed 12/21/41

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

MOTHER FATHER

85

JAN 9 1942

JAN 2 1942

JAN 5 1942

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.....

Oby Jester

Licensed Embalmer No. 4154 Missouri

P. O. Address St. Joseph, Missouri.

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.