

FILED JUN 5 1942  
Registration District No. 70

Primary Registration District No. 5060

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Rural Union Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 32 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Barton  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Union Township 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 50 years.

3. (a) PRINT FULL NAME DAVID-HAMILTON-PERCOCK

3. (b) If veteran, name war NO 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced 2 divorced widowed

6. (b) Name of husband or wife Martha Ann Peacock 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 15 1854  
(Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace unknown Scotland  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name Hamilton Peacock

13. Birthplace unknown Scotland  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hamilton

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

16. (a) Informant Rex Peacock

(b) Address Union Mo

17. (a) Burial Date thereof May 26 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon Cemetery

18. (a) Signature of funeral director G. B. Bennett & Sons

(b) Address Sheldon Mo

19. (a) 5-25-42 (b) Martha River  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23  
year 1942 hour 30 minute 35 A.M.

21. I hereby certify that I attended the deceased from May 13  
\_\_\_\_\_, 1942 to May 23, 1942  
that I last saw him alive on May 15, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho-pneumonia  
(Hypostatic)

Due to: Cerebral Hemorrhage

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: 107  
Of autopsy: \_\_\_\_\_

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 1

23. Signature Wm T. Bickel (M. D. or other) MD

Address Lamar, Mo. Date signed May 25

MOTHER FATHER

Duration  
May 15  
Apr. 15  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

6000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 642-760

Date Filed JUN 4 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 Carroll T. Beery

Licensed Embalmer No. 2385

P. O. Address Sheldon 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, above space should be left blank.