S. No. 2
1—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 17755

Registration District No. 198 Primary Registration District No. 3011 Registrar's No. 84

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

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**1. PLACE OF DEATH:**

(a) County Clay

(b) City or town Excelsior Springs, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility D (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days (Specify whether

In this community ~~[illegible]~~ 25 days years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis 000 17 9

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 1847 Division St. St (If rural, give location) 1

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

If yes, name country --

3. (a) PRINT FULL NAME Charley Peek

3. (b) If veteran, name war World War

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Colored

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

6. (b) Name of husband or wife Blanche Peek

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

7. Birth date of deceased October 17, 1892 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 49 | 6 | 28 | hr. min. |

9. Birthplace St. Louis, Mo. (City, town, or county) D (State or foreign country)

10. Usual occupation Messenger

11. Industry or business "

FATHER
12. Name Thomas Peek
13. Birthplace ? (City, town, or county) ? (State or foreign country) 9

MOTHER
14. Maiden name Viola Abbey
15. Birthplace ? (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Hospital Records, Veterans Adminis-

(b) Address tration, Excelsior Springs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-18-42 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Claude Prichard

(b) Address CLAUDE PRICHARD, Undertaker Excelsior Springs, Missouri

19. (a) 5-20-42 (Date received local registrar) Mrs Lodie Redman (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 15 year 1942 hour 11:25 minute P. M.

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

| | Duration |
|---|---|
| Immediate cause of death: Tuberculosis, pulmonary, chronic, active, far advanced | |
| ~~Due to~~ | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death): Arthritis, acute, tuberculous right knee joint with secondary infection | |
| ~~Major findings~~ Of operations: and Abscess acute, spreading, calf of right leg | |
| Of autopsy: No autopsy | |

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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? -- (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Forrest G. Bell (M. D. or other)

Address FORREST G. BELL, M.D. Veterans Administration Excelsior Springs, Mo. Date signed 5-15-42

1166 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-9-42

**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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs, 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.**