

Registration District No. 6-25-619

Primary Registration District No. 3-2-3-1-5818

Registrar's No. 667-8

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Arkoe Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 2 mi North Arkoe
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway

(c) City or town Arkoe Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 2 mi North
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Peggy Fern Meek

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F. 1 5. Color or race W 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 May 9 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 10 hr. _____ min.

9. Birthplace Arkoe Nodaway Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Date Meek

13. Birthplace Parnell Mo
(City, town, or county) (State or foreign country)

14. Maiden name Vern Bosley

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

16. (a) Informant Mrs. Ret Corrough
(b) Address Arkoe Mo

17. (a) Burial (b) Date thereof May 9. 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parnell Mo

18. (a) Signature of funeral director Pica Funeral Home
(b) Address Manville Mo

19. (a) May 13 1942 (b) Mary Ceile
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1942 hour 10 minute A M.

21. I hereby certify that I attended the deceased from May 9 1942 to May 9 1942
that I last saw h. or alive on May 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Congenital Debility

Due to _____

Due to _____

Other conditions Premature Birth
(Include pregnancy within 3 months of death)

PHYSICIAN

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 Edward Corrough (M. D. or other) MD
Address Parnell Mo Date signed 5-9-42

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

74
0
0

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.....

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.