

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUL 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21655

State File No. _____

Registration District No. 4-77

Primary Registration District No. 4287

Registrar's No. 60

1. PLACE OF DEATH: Lewia
 (a) County Lewia
 (b) City or town Ewing, Mo
(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 25 year years, months or days

3. (a) PRINT FULL NAME MARY PEACHER
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Oct 21 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace: Shelby Co. - Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business _____

12. Name: John Klascoczek

13. Birthplace: Unknown. MO
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

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

16. (a) Informant: Anna K. Ball

(b) Address: Ewing, Mo.

17. (a) Maemie Burial (b) Date thereof: July 8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Ewing Mo

18. (a) Signature of funeral director: Thomas Ball

(b) Address: Ewing Mo

19. (a) July 3, 1942 (b) O. W. Jennings, Jr.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Lewis
 (c) City or town Ewing MO
(If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1942 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from June 25 1942 to 29 1942 that I last saw her alive on June 29 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Regurgitation

Due to: Senility & over exertion

Due to: 920

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings: none

Of operations: _____

Of autopsy: none

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) none
 (b) Date of occurrence: none
 (c) Where did injury occur? none
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? none (Specify type of place)
 Means of injury: none

23. Signature: George Lobb (M. D. or other) _____
 Address: Ewing Date signed: 6/30/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

56
00

987

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 7-42-1357

Date Filed JUL - 8 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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing

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.