No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29698

State File No. .....

FILED OCT 13 1942 / 3

Registration District No. .....

Primary Registration District No. 5062

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Rural Purdy Twp 0
(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.

3. (a) PRINT FULL NAME Mrs. Nellie Peetz,

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Conrad Peetz

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

7. Birth date of deceased January 31, 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	7	15	hr. min.

9. Birthplace Monett, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Nurse (Practical)

11. Industry or business

FATHER
12. Name Ami Felix Cuendet
13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Charlotte Noverrez
15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia Magnin
(b) Address R. #2, Monett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-42
(Month) (Day) (Year)
(c) Place: burial or cremation Waldensian Cemetery

18. (a) Signature of funeral director Callaway
(b) Address Monett Mo.

19. (a) 9-18-1942 (Date received local registrar) (b) Mrs Geo. Harman Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1942 hour 5 minutes A.M.

21. I hereby certify that I attended the deceased from Jul Aug 1942, 1942, to Sept 16, 1942
that I last saw h alive on Sept 16, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Ovaries	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

49a

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

23. Signature Frank Kent (M. D. or other)
Address Monett Mo. Date signed 9/14/42

10/5

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1042-1474
Date Filed OCT 9 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 Floyd L. Calloway

Licensed Embalmer No. 2066

P. O. Address Monett Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.