S. No. 2
M—9-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30512

State File No.

Registration District No. 150 — Primary Registration District No. 5572 — Registrar's No. 104

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Rural Prairie (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson Co. Emerg. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 15 hrs. (Specify whether years, months or days)
In this community: 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Independence (If outside city or town limits, write "RURAL") Rural
(d) Street No.: R F D #3 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

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3. (a) PRINT FULL NAME: Mc Peek Ethel Mrs.

3. (b) If veteran, name war: No
3. (c) Social Security No.: No

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Separated
6. (b) Name of husband or wife: Ross McPeek
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: Aug (Month) 14 (Day) 1882 (Year)

8. AGE: Years 60 | Months 1 | Days 12 | If less than one day — hr. — min.

9. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Franklin McBride
13. Birthplace: unknown (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs Nora Arthur
(b) Address: Blue Springs Mo R.F.D. #
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Blue Springs
18. (a) Signature of funeral director: W. B. Langford
(b) Address: Lees Summit Mo
19. (a) Sept. 28, 1942 (Date received by local registrar) (b) F. M. Schick By Effie Schick (Registrar's signature) Deputy

1162

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26 year 1942 hour 12 minute 15 a. M.
21. I hereby certify that I attended the deceased from July 1, 1942, to Sept 25, 1942 that I last saw her alive on " " 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: coronary sclerosis	3 mo.
Due to: chronic myocarditis and auricular fibrillation and	15 yrs.
Due to: hypertension	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 93d	
Of autopsy:	

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: 2

23. Signature: J. C. Avery (M. D. or other) D.O.
Address: Blue Springs, Mo. Date signed 9/26/42

(Licensed Embalmer's Statement on Reverse Side)

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 N. B. Langford

Licensed Embalmer No. 3833

P. O. Address Lee's Summit 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.