

FILED NOV 11 1942

Registration District No. **62**

Primary Registration District No. **5238**

Registrar's No. **73**

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

**1. PLACE OF DEATH:**  
 (a) County Cedar  
 (b) City or town Jefferson Township-Rural  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
XX  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. XXX  
(Specify whether years, months or days)  
 In this community XXXX  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Cedar  
 (c) City or town Jefferson Twonship-Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. XXX  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country XXXX

**3. (a) PRINT FULL NAME** Mary Rhodela Peck

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Harve Peck 6. (c) Age of husband or wife if alive 76 years  
 7. Birth date of deceased Sept 19, 1865  
(Month) (Day) (Year)

**8. AGE:** Years 77 Months 0 Days 19 If less than one day X hr. X min.

9. Birthplace Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XXXXXX

**MOTHER** { 12. Name Julian Osborn

13. Birthplace xxxxUnknown xxx  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs Ralph Cacy

(b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof 10-10-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton Semetary

18. (a) Signature of funeral director W. C. Davis & Co.

(b) Address Stockton, Mo.

19. (a) 10-31-42 (b) Mrs Ethel Church  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 10 day 9  
 year '42 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from 12 - 30 - 1942 to 10 - 6 - 1942

that I last saw her alive on 10 - 6 - 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 3 da.  
 Duration 3 da.

Due to \_\_\_\_\_

Due to 94a

Other conditions 94a  
(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 Wm B. Richter (M-D) or other \_\_\_\_\_

Address Stockton, Mo. Date signed 10-20-42

1298

RECEIVED

District Health Officer No. 7,

District File Number 11-42-1170

Date Filed 11-6-42

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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 Melvin Quinn

Licensed Embalmer No. 3572

P. O. Address Stockton

**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.**