S. No. 2
M—9-4-41
v. 5-17-39
I- X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 30 1942

Registration District No. 43

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 40338

Registrar's No. 384

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

2
7
3

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 da (Specify whether years, months or days)
In this community: life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Carter 18
(c) City or town: Hunter 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: Jerry Lee Peek
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Infant
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov (Month) 17 (Day) 1942 (Year)

8. AGE: Years | Months | Days | If less than one day: 14 hr. 12 min.

9. Birthplace: Poplar Bluff (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Infant
11. Industry or business:
FATHER 12. Name: Carl Peek
FATHER 13. Birthplace: Ellsinore (City, town, or county) Mo. 0 (State or foreign country)
MOTHER 14. Maiden name: Irene Hampton
MOTHER 15. Birthplace: Hunter (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant: Carl Peek
(b) Address: Hunter, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Carmel
18. (a) Signature of funeral director: Greer Croy
(b) Address: Poplar Bluff, Mo.
19. (a) 12-15-42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 18 year: 1942 hour: minute: 1A. M.
21. I hereby certify that I attended the deceased from 11-17-42, 19__, to 11-18, 1942, that I last saw him alive on 11-18, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Deficiency in development probably of pulmonary alveoli
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 1 S 1 2
Major findings:
Of operation: None
Of autopsy: None

Duration

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): None
(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: [illegible] (M. D. or other)
Address: Poplar Bluff Mo. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1242-1712
Date Filed 12-28-42

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.