

FILED FEB 5 1943

Registration District No. 108

Primary Registration District No. 4179

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Wright  
(b) City or town Smith mo  
(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)

3. (a) PRINT FULL NAME Anna Marie Peary

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 25 1964  
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John Sanders

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

14. Maiden name Marie Berghaus

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

16. (a) Informant BO Bray

(b) Address Smith mo

17. (a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof Jan 22 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Smith

18. (a) Signature of funeral director A. J. Emerson

(b) Address Paragon Ave

19. (a) Jan 22 1943 (Date received local registrar) (b) St. O. Perry (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 35  
(c) City or town Smith mo 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country?  (Yes) No  (Year No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1943 hour 2 minute 10 M.

21. I hereby certify that I attended the deceased from Jan 4 1943 to Jan 21 1943  
that I last saw her alive on Jan 12 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza 7 wks.

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

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

Other conditions Chronic Nephritis, Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: 131 R  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Ray E. Brand (M. D. or other) ms  
Address Smith mo Date signed 1-21-43

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

MOTHER FATHER

Duration  
7 wks.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

35  
4  
0

*Did not Embalm*

*on me*

*A. J. Emerson*

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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.....

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.**