S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 18 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3646

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 206

1. PLACE OF DEATH:

(a) County Saline

(b) City or town 457 W. Yearby Marshall
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 72 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall 2
(If outside city or town limits, write "RURAL")

(d) Street No. 457 West Yearby
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARTHA E. Peecher

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 1

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Lizarial Peecher

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

7. Birth date of deceased Sept. (Month) 3 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	3	28	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation House keeper

11. Industry or business ✓

FATHER
12. Name William Frank Hesket
13. Birthplace ..... (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Anna Cox
15. Birthplace ..... (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Mrs E. H. Ramsteyer
(b) Address 457 W. Yerby

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park

18. (a) Signature of funeral director Campbell-Lewis
(b) Address Marshall Mo

19. (a) Jan 2-43 (Date received local registrar) (b) Mrs T. O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31st
year 1942 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Dec 4, 1942 to Dec. 31, 1942
that I last saw her alive on 12-31-, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Stenosis	Years.
Due to Flu	3 wks.
Due to	
Other conditions (Include pregnancy within 3 months of death) 92 P	

Major findings:
Of operations X
Of autopsy X

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) X
(b) Date of occurrence X
(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 0

23. Signature A C Putnam (M. D. or other)
Address Marshall Mo Date signed 1-2-43

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 1-15-42

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, ~~under~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Jas. H. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall, 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.