S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6548

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Jackson Rural Prairie
(b) City or town Little Blue
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ja-Co. Emerg. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 208 W. Alton
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME HARRY R. Peek

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Gertrude Peek
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Jan (Month) 30 (Day) 1877 (Year)

8. AGE: Years 66 Months 0 Days 16 If less than one day hr. min.

9. Birthplace Des Moines (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business —

FATHER
12. Name James A. Peek
13. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Lydia Ann Godman
15. Birthplace no record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Nellie S. Peek
(b) Address 727 No. Spring
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/43 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove
18. (a) Signature of funeral director George C. Larson
(b) Address Independence Mo.
19. (a) Feb. 18, 1943 (Date received local registrar) (b) F. M. Schick By Elsie Schick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16 year 1943 hour 9:45 minute P.M.

21. I hereby certify that I attended the deceased from Feb 1, 1943 to Feb 16, 1943 that I last saw him alive on Feb. 16, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis Chronic Interstitial	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Entered Jackson Co Emergency Hospt 2/15/43	
Major findings Of operations	
Of autopsy None of my knowledge	

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
23. Signature George Thomas Twyman (M. D. or other)
Address Independence Mo. Date signed 2/16/43

1162 (Licensed Embalmer's Statement on Reverse Side)

MAR 22 1948

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 [illegible]

Licensed Embalmer No. 2467

P. O. Address Indep. 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.