. S. No. 2
OM—5-42
ev. 5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27755

FILED SEP 11 19[illegible]42

Registration District No. [illegible]42 Primary Registration District No. 1000 Registrar's No. 911

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2946 Charles (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether In this community 47 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 2946 Charles (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME PERRY W. PECK

3. (b) If veteran, name war none

3. (c) Social Security No. 488-14-8966

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Kate Davison Peck

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

7. Birth date of deceased Aug. (Month) 8 (Day) 1859 (Year)

8. AGE: Years 84 Months 0 Days 7 If less than one day ___ hr. ___ min.

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

10. Usual occupation machinist

11. Industry or business Sun Mfg. co.

FATHER
12. Name Andrew Jackson Peck
13. Birthplace Herkimer county (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Esther Morton
15. Birthplace ✓ (City, town, or county) ✓ (State or foreign country)

16. (a) Informant Mrs. Mildred Kent

(b) Address St. Joseph, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/17/43 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Heaton-BeGole & Bowman

(b) Address St. Joseph, Mo.

19. (a) 8/17/43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15 year 1943 hour 1 minute 45P M.

21. I hereby certify that I attended the deceased from 6-14, 1943 to 8-15, 1943 that I last saw him alive on 8-7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Neuro-Sarcoma 5th dorsal Vertebra and left 5th Rib.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

55 b

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)

(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 0

23. Signature Harold J Brumm (M. D. ~~or other~~)

Address St Joseph, Mo. Date signed 8-16-43

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(Licensed Embalmer's Statement on Reverse Side)

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 Frank A. Bowman

Licensed Embalmer No. 17 110

P. O. Address St Joseph 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.