

FILED DEC 6 1943
Registration District No. 5

Primary Registration District No. 3071

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1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Slater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 224 N central
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 yr years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Saline
(c) City or town Slater mo
(If outside city or town limits, write "RURAL")
(d) Street No. 224 N central
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HEZIKAH BOONE PEEL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, Divorced Widowed
6. (b) Name of husband or wife Daisy Johnson Peel 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased OCT - 11 - 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Railroader

11. Industry or business _____

MOTHER FATHER
12. Name Marshall Peel
13. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Benjamin
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. Peel
(b) Address Slater mo

17. (a) Burial (b) Date thereof 9-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Slater mo

18. (a) Signature of funeral director Harry Herschberger
(b) Address Marshall mo

19. (a) 9-20-43 (b) Mrs. John Giger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14
year 1943 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from Sept - 1940 19____ to Sept - 14 - 1943
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 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?
_____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature M. C. Giger (M.D. or other) _____

Address Slater mo Date signed 9/14/43

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-3-43

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.....

Harry Hershberger....., Registered Apprentice No. *334*
working under my personal supervision.

Signed

Fred Wilkinson

Licensed Embalmer No.

2478

P. O. Address

Clinton Ma

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.