

41218

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5508

FILED JAN 5 1944

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3723 E 9th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3723 East 9th
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME LOTTIE A PECK

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive none years
7. Birth date of deceased Nov 27 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 26 If less than one day 5 hr. — min.

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

10. Usual occupation None

11. Industry or business none

MOTHER FATHER
12. Name Chas. J. Peck
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Anna E. Bremner
15. Birthplace Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Peck
(b) Address 3723 E 9th St

17. (a) Burial (b) Date thereof 12/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Washington

18. (a) Signature of funeral director Kellie
(b) Address 2657 Independence, KC Mo

19. (a) 12-24-43 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22nd
year 1943 hour 9 minute 35 P.M.

I hereby certify that I attended the deceased from Dec 18 1943 to Dec 22nd 1943
that I last saw her alive on Dec 22 19.43
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration
Due to Senility
Due to Attack of flu
Other conditions (Include pregnancy within 3 months of death) 92 15

Duration
5 days
5 days

Major findings:
Of operations —
Of autopsy —

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? —

While at work? (Specify type of place) (e) Means of injury
23. Signature Dr. S. D. Ramey (M. D. or other)
Address 400 Benton Date signed 12-22-43

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

5. No. 2
M-2-43
5-17-39
X35697

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 Francis S Walton

Licensed Embalmer No. 2744

P. O. Address 3030 Harrison

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.