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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1944

Registration District No. 97

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5356

State File No. 2634

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Longlane Rural
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas

(c) City or town Longlane Rural
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME MARTHA ANN PEELE

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife John Peele

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Feb 22 1877 (Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 10 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER

12. Name Margaret Bird

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

14. Maiden name Mary Christian

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

16. (a) Informant Mrs Peele

(b) Address Longlane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty

18. (a) Signature of funeral director L B Jones

(b) Address Buffalo Mo

19. (a) Jan 28-1944 (Date received local registrar) (b) Ina A. H. Hoover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 1943 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 42, to Dec 21 1943; that I last saw her alive on Dec 10 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	30 hr.
Due to	
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 61

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 C. O. Hammon (M. D. or other) M.D.

Address Buffalo Mo Date signed 1-11-44

1124

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 1-44-9
Date Filed 2-2-44

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 Morris B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.