

FILED MAR 9 1944

Registrar's No. 33

Registration District No. 20

Primary Registration District No. 6225

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural Washita Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. no. 3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 mo. 5 da
In this community same time
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

John W. Peatt

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

3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife unk. 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased. July 12 - 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name John R. Peatt

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

14. Maiden name Rusan Browning

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

16. (a) Informant Hospital Records

(b) Address Nevada mo

17. (a) Removal (b) Date thereof 2-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Eye Mo.

18. (a) Signature of funeral director Edinger Funeral Home
(b) Address Nevada mo

19. (a) 2-18-44 (b) Hazel B. Beurch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18th
year 1944 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from Jan. 13
1944 to Feb. 18 - 1944
that I last saw him alive on Feb. 17
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia
Simple Type

Due to _____

Due to _____

Other conditions General arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations 97

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? _____

(e) Means of injury _____
(Specify type of place)

23. Signature R.B. Reiter (M. D. or _____)
Address Nevada Date signed 2-18-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

108
0
0

1331

RECEIVED

District Health Officer No. 71

District File Number 2-44-265

Date Filed 3-8-47

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 Marsh Eickinger

Licensed Embalmer No. 2686

P. O. Address Nebraska, 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.