

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

FILED APR 7 1944
Registration District No. **17**

Primary Registration District No. **4060**

1. PLACE OF DEATH:

(a) County **CALDWELL**
 (b) City or town **BRECKENRIDGE**
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location) _____
 (d) Length of stay: In hospital or institution _____
 In this community **60 yr 3 mo. 16 da**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CALDWELL**
 (c) City or town **BRECKENRIDGE**
 (If outside city or town limits, write "RURAL") _____
 (d) Street No. _____ (If rural, give location) _____
 (e) Citizen of foreign country? **N** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **CHLOREN-ALBERT M^r PEEK**
 (b) If veteran, name war **no**
 (c) Social Security No. **498-24-5482**

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **MAR**, day **27**
 year **1944** hour **about 1 A.M.** minute _____ M.

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**
 (b) Name of husband or wife _____ (c) Age of husband or wife if _____
 7. Birth date of deceased **DEC 11 1883**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on **dead Mar 27**, 19____,
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
60; 3 16 hr. min.
 9. Birthplace **DAVES CO MO**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **LABOR Chores**

Immediate cause of death: **Cerebral hemorrhage - apparently found dead. Had been dead several hours. Found in store where he slept, and lived due to as familiar. In McPeak funeral home**
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: **E. A. Thompson Coroner**
 Of operations: **§ 301**
 Of autopsy: _____

MOTHER FATHER

11. Industry or business _____
 12. Name **THOMAS M^r PEEK**
 13. Birthplace **COLUMBUS IN**
 (City, town, or county) (State or foreign country)
 14. Maiden name **FRANCES GREGG**
 15. Birthplace **INDY**
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant **T. McPeak**
 (b) Address **Breckenridge mo**
 17. (a) **Rural** (b) Date thereof **Mar 29-44**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Rose Hill Burial**
 18. (a) Signature of funeral director **E. P. Michael**
 (b) Address **Bray mo**
 19. (a) **Mar 27-44** (b) **E. A. Thompson**
 (Date received local registrar) (Registrar's signature)

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 **E. A. Thompson** **3** **Coroner** (M. D. or other)
 Address **Breckenridge** Date signed _____

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.....

E. P. Michael

Registered Apprentice No.....

working under my personal supervision.

Signed.....

E. P. Michael

Licensed Embalmer No.....

1363

P. O. Address.....

Prayner, MD

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.