

FILED APR 10 1944

Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
1714 John, St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Years
(Specify whether years, months or days)

In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1714 John, St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Walter Lemuel Peele

3. (b) If veteran, name war No

3. (c) Social Security No. unk.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1944 hour 12 minute 30p. M.

21. I hereby certify that I attended the deceased from January 1
1944 to March 16 1944;
that I last saw him alive on March 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobular Pneumonia Lobar

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May 19, 1879
(Month) (Day) (Year)

Duration

108

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

64 9 27 hr. min.

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

10. Usual occupation Retired

11. Industry or business Carpenter

MOTHER FATHER {

12. Name Frank Peele

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

14. Maiden name Roena Dickerson

15. Birthplace unk. West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Peele

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof March 20, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 3-18-44 (b) W. H. Hoadley
(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 _____

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) (2) Means of injury

23. Signature [Signature] (M. D. or other)
Address Spfld, Mo. Date signed 3-17-44

MAR 27 1957

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 *Walter E. Hamilton*.....

Licensed Embalmer No. *3808*.....

P. O. Address *Springfield 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.