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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAR 27 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11179

State File No.

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 43

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 36 Hours (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1023 W. Waldo
(If rural, give location)

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

3. (a) PRINT FULL NAME Baby Peak

3. (b) If veteran, name war →

3. (c) Social Security No. →

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced → 0

6. (b) Name of husband or wife →

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

7. Birth date of deceased 2 - 11 - 1944
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 36 hr. min.

9. Birthplace Independence (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation →

11. Industry or business →

FATHER
12. Name Warren Peak
13. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Flo Miller
15. Birthplace Springfield (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Warren E Peak
(b) Address 1023 W. Waldo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16-44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Ott + Mitchell
(b) Address 310 N. Main Indep. Mo.

19. (a) 2-16-1944 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12
year 1944 hour 6:15 PM minute M.

21. I hereby certify that I attended the deceased from Dec 11, 1944, to Dec 12, 1944
that I last saw him alive on Dec 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Erythroblastosis fetalis (confirmed by Blood counts and smears) — Duration 36 hrs.

Due to Erythroblastosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

161 C

Major findings:
Of operations None done.

Of autopsy None done

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 [signature] (M. D. or other) MD

Address Date signed

1163

(Licensed Embalmer's Statement on Reverse Side)

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Kenneth H. Mitchell

Licensed Embalmer No. 3925

P. O. Address Andep, 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.