S. No. 2
I—5-42
5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11597

Registration District No. 238 Primary Registration District No. 5823 Registrar's No. 10

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town New Madrid
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community about 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town 6 Mils N of New Madrid
(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 0

3. (a) PRINT FULL NAME FRANK PEAK
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race Black
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Ruth PEAK
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased July (Month) 17 (Day) 1901 (Year)
8. AGE: Years 42 Months 6 Days 14 If less than one day hr. min.
9. Birthplace Unk (City, town, or county) Ark. (State or foreign country)
10. Usual occupation Farm Labor
11. Industry or business
FATHER 12. Name unk
13. Birthplace unk (City, town, or county) unk (State or foreign country)
MOTHER 14. Maiden name unk unk
15. Birthplace unk (City, town, or county) unk (State or foreign country)
16. (a) Informant Jack Peak
(b) Address Kewanee
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-44 (Month) (Day) (Year)
(c) Place: burial or cremation Kewanee
18. (a) Signature of funeral director Richards and Co
(b) Address New Madrid, Mo.
19. (a) 2-19-44 (Date received local registrar) (b) Helen Loud Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9 year 1944 hour — minute — M.
21. I hereby certify that I attended the deceased from —, 19..., to —, 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death No Medical attendant by all record death
Due to may due to Acute Indigestion
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
1183

Duration

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 Leo Hedgpeth Deputy Coroner (M.D. or other)
Address New Madrid, Mo. Date signed 2/12-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 344-499
Date Filed 3-14-44

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 Leo Hedgepeth

Licensed Embalmer No. 3803

P. O. Address New Madrid 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.