

No. 2
 DOM-5-43
 Rev. 5-17-39
 I X36671

FILED JUN 9 1944

Registration District No. **187**

Primary Registration District No. **3040**

Registrar's No. **70**

59
 1
 2

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

1. PLACE OF DEATH:
 (a) County **LIVINGSTON**
 (b) City or town **CHILLICOTHE**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **CHILLICOTHE Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1** (Specify whether
 In this community **68 YRS.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **CALDWELL**
 (c) City or town **BRECKENRIDGE MO**
(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 DANIAL REED PECK
 (b) ~~First Name~~ **No**
 (c) Social Security No. **No**
 name war _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **MAY** day **22**
 year **1944** hour _____ minute **30** (M.)
21. I hereby certify that I attended the deceased from **Apr 1 -**
1944 to May 22, 1944
 that I last saw him alive on **May 22, 1944**
 and that death occurred on the date and hour stated above.

4. Sex **MALE** Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **OCT 27 1872**
(Month) (Day) (Year)

Immediate cause of death **arteriosclerosis**
 Due to **Unknown** Duration
 Due to _____ years

8. AGE: Years **71** Months **6** Days **27**
 If less than one day _____ hr. _____ min.

9. Birthplace **WHEELING W. VA**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED BURLING AGENT**

11. Industry or business **RETIRED BURLING AGENT**
12. Name **JOSEPH R. PECK**
13. Birthplace **W. VA**
(City, town, or county) (State or foreign country)
14. Maiden name **Don't know**
15. Birthplace **Don't know** **9**
(City, town, or county) (State or foreign country)

Other conditions **92a**
(Specify pregnancy within 3 months of death)
PHYSICIAN
 Major findings: _____
 Of operations: _____
 Of autopsy: _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Caroline Peck**
(b) Address **Breckenridge Mo**

17. (a) BURIAL (Burial, cremation, or removal) **(b) Date thereof** **MAY 24 1944**
(Month) (Day) (Year)

(c) Place: burial or cremation **BRECKENRIDGE MO**

18. (a) Signature of funeral director **J McPeck**
(b) Address **Breckenridge Mo**

19. (a) JUN 4 (Date received local registrar) **(b) Lou Elka Curry** (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 **Conroy** (M. D. or other)
Address **Chillicothe Mo** Date signed **5/24/44**

SEP 27 1944

AUG 7 1944

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

J. F. McLean

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

J. F. McLean

Licensed Embalmer No. *1570*

P. O. Address: *Breckenridge 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.