

FILED SEP 7 1949

Registration District No. _____
Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution:
3941 South Benton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) **2 years**

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **3941 South Benton**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Minnie M. Peerson**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Fe** / 5. Color or race **wh**

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

6. (b) Name of husband or wife **J. D. Peerson (Deceased)**

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

7. Birth date of deceased **Feb 28th 1871**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	5	26	hr. _____ min.

9. Birthplace **Lawrence Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business _____

MOTHER FATHER

12. Name **Thomas McGee**

13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs A.L. Mc Querry**

(b) Address **3941 South Benton**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Aug 27th 1944**
(Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Missouri**

18. (a) Signature of funeral director **Eylar Funeral Home**

(b) Address **1800 Linwood**

19. (a) **8-26-44** (Date received local registrar)

(b) **D. E. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **24th** year **1944** hour **7:45 P** M.

21. I hereby certify that I attended the deceased from **Armed** 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: **Arteriosclerotic heart disease**

Due to _____

Due to **93d.**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy **Aspirin & heparin**

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? _____

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature **D. E. Brown** Date **8-26-44**

Address _____

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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Pinewood

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.