V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31954

State File No.

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 161

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural Washtee, Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital No 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 yrs. 29 da. (Specify whether
In this community Same time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City 108
(If outside city or town limits, write "RURAL")
(d) Street No. Indian Village, 81 & Warnall Road
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marcus W. Peck
3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 13-1900 (Month) (Day) (Year)

8. AGE: Years 43 Months 10 Days 15 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation none
11. Industry or business ~~Mark G. Peck~~
FATHER
12. Name Mark G. Peck
13. Birthplace Kansas (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Woodgate
15. Birthplace Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Hospital Records
(b) Address Nevada Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sep 28 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo
18. (a) Signature of funeral director Allen E. Hays
(b) Address Nevada, Mo.
19. (a) 9-28-44 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28th year 1944 hour 2 minute A. M.
21. I hereby certify that I attended the deceased from April 3, 1944, to Sept. 28, 1944 that I last saw him alive on Sept. 28, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Schizophrenia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

84 P

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 R. B. Lester (M. D. ~~or other~~)
Address Nevada Mo Date signed 9-28-44

1331

(Licensed Embalmer's Statement on Reverse Side)

Date Filed 9-44-1177
10-11-44

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 .....

Licensed Embalmer No. 1968

P. O. Address Nevada 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.