

FILED NOV 13 1944
Registration District No. 149

Primary Registration District No. 1002

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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 General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 wk (Specify whether years, months or days)

In this community 1 wk

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis

(c) City or town Rural 107
(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 1

3. (a) PRINT FULL NAME CARROLL PEABODY

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

3. (c) Social Security No. 534-12-9557

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25 year 44

21. I hereby certify that I attended the deceased from _____ to _____ 19____
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

4. Sex Mo 5. Color or race w

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

6. (b) Name of husband or wife Bertha

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

7. Birth date of deceased April 5, 1905
(Month) (Day) (Year)

Immediate cause of death Bilateral Aspiration Pneumonia

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy See Above

8. AGE:

Years	Months	Days	If less than one day
<u>39</u>	<u>6</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Magle Mo
(City, town, or county) (State or foreign country)

10. Usual occupation farming & defense work

11. Industry or business _____

12. Name John Peabody

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

14. Maiden name Syda Stephens

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

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 _____

16. (a) Informant Bertha Peabody

(b) Address Stozan Mo

17. (a) Removal (b) Date thereof 10-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Magle Cem. Mo

18. (a) Signature of funeral director Albert Funeral Home

(b) Address Cabool, Mo

19. (a) 10-26-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature A. E. Walter (M. D. or _____)

Address 2211 Coloy Date signed 10/28/44

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.....

Oscar C. Sammler

Licensed Embalmer No. 3002

P. O. Address Kansas City, 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.