

No. 2
-9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 2 1945
Essex

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **4715**
Registrar's No. _____

Registration District No. **942** Primary Registration District No. **4361**

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

1. PLACE OF DEATH:
(a) County **New Madrid**
(b) City or town **Canalou**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
In this community **12** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **New Madrid 7.2**
(c) City or town **Canalou**
(d) Street No. _____
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William Henry Peck**
3. (b) If veteran, name war **X** 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **2** day **16**
year **1944** hour **6** minute **30** p.m.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Jennie Peck** 6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased (Month) **11** (Day) **9** (Year) **1870**

21. I hereby certify that I attended the deceased from **2-9-44**, 19____ to **2-16-44**, 19____; that I last saw him alive on **2-16-44**, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years **73** Months **4** Days **7** If less than one day hr. _____ min. _____

Immediate cause of death
Pulmonary Tuberculosis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace **New Madrid Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Farming**

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name **Charley Peck**
13. Birthplace **New Madrid Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Gray**
15. Birthplace **New Madrid Co. 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 _____
23. Signature **H. J. Hunt** (M. D. or other) _____
Address _____ Date signed **2/18/44**

16. (a) Informant **Ella Albritton**
(b) Address **Sikeston Mo.**
17. (a) **Burial** (b) Date thereof **2/18/44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sikeston Mo.**
18. (a) Signature of funeral director **H. W. Albritton**
(b) Address **Sikeston Mo.**
19. (a) **W. M. Hall** (b) **Mac Brown**
(Date received by registrar) (Registrar's signature)

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.....

..... Embalmed, Registered Apprentice No.
working under my personal supervision.

Signed Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Sikeston 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.