V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1359
Registrar's No. 5399

FILED JAN 17 1945

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1416 Lydia (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 4 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL") 8
(d) Street No. 1416 Lydia (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country (1)

3. (a) PRINT FULL NAME Horace Peoples
3. (b) If veteran, name war — no
3. (c) Social Security No. 510-07-0909
4. Sex M
5. Color or race Col.
6. (a) Single, widowed, married, divorced unknown
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 (Month) 24 (Day) 1902 (Year)

8. AGE: Years 42 Months 10 Days 3 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) a (State or foreign country)
10. Usual occupation "
11. Industry or business
FATHER 12. Name unknown
13. Birthplace " (City, town, or county) a (State or foreign country)
MOTHER 14. Maiden name Rose
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Coroner
(b) Address K.C. Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-3-45 (Month) (Day) (Year)
(c) Place: burial or cremation Bunkie La.
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo.
19. (a) 12-31-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27 year 1944 hour 7:40 minute A. M.
21. I hereby certify that I attended the deceased from ..., 19.. to ..., 19..; that I last saw him alive on ..., 19..; and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion
Due to Chr. Myocarditis
Due to
Other conditions 93 d
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy History-Inspection

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature P. Richardson (M. D. or other)
Address 1832 Ame Date signed 12-28-44

(Licensed Embalmer's Statement on Reverse Side)

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 A. T. Moore

Licensed Embalmer No. 948

P. O. Address.....

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.