

FILED SEP 4 1945

Registration District No. **42**

Primary Registration District No. **5568**

Registrar's No. **231**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Blue Springs**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Missouri River at Liberty Independence Bridge**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **14 days** (Specify whether
In this community **12 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Kansas** (b) County **Wyandotte 997**
(c) City or town **Kansas City** (If outside city or town limits, write "RURAL") **14**
(d) Street No. **2516 N. Allis** (If rural, give location) **0**
(e) Citizen of foreign country? (Yes or No) **2**
If yes, name country

3. (a) PRINT FULL NAME **HENRY PEOPLES**

3. (b) If veteran, name war
3. (c) Social Security No. **none**

4. Sex **male 2** 5. Color or race **negro** 6. (a) Single, widowed, married, divorced **single 1**

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **October 8 1933**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	12	1	25	hr. min.

9. Birthplace **Kansas City Kansas 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Student**

11. Industry or business

12. Name **Sam Peoples**

13. Birthplace **Mississippi 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Pauline Williams**

15. Birthplace **Kansas City Kansas 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sam Peoples**

(b) Address **2516 N Allis**

17. (a) **Removal** (b) Date thereof **8-15-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City Kansas Nathan W. Thatcher Mortuary**

18. (a) Signature of funeral director **Kansas City Kansas**

(b) Address

19. (a) **8-15-45** (b) **James L. Ross**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **14**
year **1945** hour **3:45** minute **P** M.

21. I hereby certify that I attended the deceased from **Coroner** 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 **Drowning** Duration

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **no history of angina**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accident**
(b) Date of occurrence **7-31-45**
(c) Where did injury occur? **15th Sunday A.C.K. 136**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **no** (Specify type of place) (e) Means of injury **Drowning**

23. Signature **James L. Ross** (M. D. or other) **Coroner**
Address **2516 N. Allis** Date signed **8-15-45**

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

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.....

Not embalmed..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 146

Primary Registration District No. (5568)

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Mo. River, Indip. + Liberty Bridge
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural Blue Twp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution River 14 days
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

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

(d) Street No. 2516 Allis
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Henry Peoples

3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Year 1944 Day 5 Minute..... M.

21. I hereby certify that I attended the deceased from..... 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.....

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....

7. Birth date of deceased: Oct 8
(Month) (Day) (Year)

8. AGE: Years 12 Months..... Days..... If less than one day
hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant..... (b) Address.....

17. (a)..... (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a)..... (b) J. Messer Ross
(Date received local registrar) (Registrar's signature)

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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)
(e) Means of injury

23. Signature..... (M. D. or other).....
Address..... Date signed.....

SUPPLEMENTARY

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

S-27562