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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36781

State File No.

FILED DEC 12 1945

Registration District No. 47

Primary Registration District No. 5757

Registrar's No. 369

1. PLACE OF DEATH:

(a) County CALLAWAY

(b) City or town RURAL Auxvasse Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Steedman Mo. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CALLAWAY 14

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

(d) Street No. Steedman R.F.D.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Charles Baxter Peery

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife Gracie Dillon

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

7. Birth date of deceased Aug. (Month) 3 (Day) 1875 (Year)

8. AGE: Years 70 Months 3 Days 19 If less than one day ..... hr. ..... min.

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

10. Usual occupation FARMER

11. Industry or business .....

FATHER
12. Name Sol. Peery
13. Birthplace CALLAWAY Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Nettie Rose
15. Birthplace CALLAWAY Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant MRS C.B. Peery

(b) Address Steedman, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Riverview

18. (a) Signature of funeral director Glen Y. Maupin

(b) Address 712 Court St. Fulton, Mo.

19. (a) Nov. 26. 1945 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22 year 1945 hour 3 minute 0 P. M.

21. I hereby certify that I attended the deceased from 3-15, 1944 to 3-22, 1945 that I last saw him alive on 11-20, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to .....

Due to .....

Other conditions 46 lb
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Stomach

Of autopsy .....

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 W. O. Payne (M. D. or other)

Address R.F.D. Fulton Mo Date signed 11-26-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-11-45

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 Glen G. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.