

FILED DEC 21 1945 **STANDARD CERTIFICATE OF DEATH**

State File No. **40694**

Registration District No. **43**

Primary Registration District No. **3007**

Registrar's No. **357**

1. PLACE OF DEATH:
(a) County **Baxter**
(b) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL" and name of township)
(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 **25 days** (Specify whether years, months or days)
In this community **25 days**

2. USUAL RESIDENCE OF DECEASED: **152**
(a) State **Missouri** (b) County **Stoddard**
(c) City or town **Hexter**
(If outside city or town limits, write "RURAL") **1**
(d) Street No. **1**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec**, day **8**, year **45**, hour **9:30** minute **00** M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Hercules Peck** 6. (c) Age of husband or wife if alive **71** years
7. Birth date of deceased **Oct 26 1877**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **12-5-1945** to **12-8-1945**
that I last saw her alive on **12-5-1945** and that death occurred on the date and hour stated above.

8. AGE: Years **68** Months **1** Days **13** If less than one day hr. min.

Immediate cause of death **Cerebral Hemorrhage**
Duration

9. Birthplace **Clay Co. Ark**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **g30**
Of autopsy

11. Industry or business
12. Name **John Landman**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Pettleton**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Hercules Peck**
(b) Address **Hexter Mo**
17. (a) **Burial** (b) Date thereof **12/10/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hexter Cem.**

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?

18. (a) Signature of funeral director **Walter General Service**
(b) Address **Hexter Mo**
19. (a) **12-12-45** (b) **R. H. Muntree**
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) Means of injury
23. Signature **H. H. Clay** (M. D. or other)
Address **Poplar Bluff Mo** Date signed **12/12/45**

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

2
7
3

MOTHER FATHER

1422

RECEIVED

District Health Office No. 2,

District File Number 1245-3409

Date Filed 12/19/45

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..... Lyman Steele.....

Licensed Embalmer No. 2476.....

P. O. Address Dexter, 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.