

FILED MAR 12 1946

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Fayette, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lee Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month
(Specify whether

In this community All his life
years, months or days)

3. (a) PRINT FULL NAME George Henry Peacher

3. (b) If veteran, name war. -----

3. (c) Social Security No. -----

4. Sex Male (1) 5. Color or race White

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

6. (b) Name of husband or wife Margaret Dodson

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

7. Birth date of deceased January 29, 1856
(Month) (Day) (Year)

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

90 - 14 hr. -- min.

9. Birthplace Howard Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name John Peacher

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

14. Maiden name Emily Burnham

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

16. (a) Informant Mrs Frank Iay

(b) Address Fayette, Missouri

17. (a) Burial (b) Date thereof 2/25/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) 2-27-1946 (b) Dorothy Ann Baker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

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

(d) Street No. R. F. D. #1
(If rural, give location)

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

If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23
year 1946 hour 7:15 minute A. M.

21. I hereby certify that I attended the deceased from Jan 20 1946 to Feb 23 1946
that I last saw him alive on Feb 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Endarteritis Rt lower leg Duration 3 mo.

Due to Arteriosclerosis 6 mo.

Due to -----

Other conditions Scrubty
(Includes 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 Wm. J. Shair (M. D. or other) M.D.
Address Fayette, Mo Date signed 2-25-46

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

4401

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

3-8-46

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, ~~on~~ _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Ralph A Carr

Licensed Embalmer No. _____

3340

P. O. Address _____

Jayette 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.