S. No. 2
M—2-43
7. 5-17-39
I X35697

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

18340

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19464

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 134

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: no 616 Mt Vernon
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution /
(Specify whether
In this community 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. x x
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Florence Peery

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife James Peery

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

7. Birth date of deceased June (Month) 25 (Day) 1922 (Year)

8. AGE: Years 23 Months 11 Days 11 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business " "

FATHER
12. Name Floyd Rogers
13. Birthplace Ladonia (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Iva Mathews
15. Birthplace Mexico (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Floyd Rogers
(b) Address Ladonia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 8 (Day) 46 (Year)
(c) Place: burial or cremation Ladonia Mo

18. (a) Signature of funeral director R. Wiecett
(b) Address Columbia Mo

19. (a) June 8 1946 (Date received local registrar) (b) Mrs. R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th year 1946 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Gunshot wound	
Due to Self inflicted	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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) Suicide

(b) Date of occurrence June 5 - 46

(c) Where did injury occur? Columbia (City or town) Boone (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Bone (Specify type of place)

While at work? (e) Means of injury 3

23. Signature E J Ward Coroner (M.D. or other)

Address Columbia Mo Date signed 6/5/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 7-8-46

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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Lyman A. Schenck

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.