S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 827

FILED FEB 5 1948

Registration District No. 2000

Primary Registration District No. 2000

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Greene

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Green

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

(d) Street No. 414 W. Walnut (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Jessie Pauline Peck

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

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

4. Sex Female

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ Homer Peck

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

7. Birth date of deceased Oct (Month) 28 (Day) 1913 (Year)

8. AGE: Years 33 Months 3 Days 23 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER

12. Name Ben Greene

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

MOTHER

14. Maiden name Nellie Jeffries

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

16. (a) Informant Mrs. Bessie Layne

(b) Address Rogersville Mo R#

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22-47 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ White Oak Cem.

18. (a) Signature of funeral director Kelley-Ferrell-Bergmann

(b) Address Rogersville Mo.

19. (a) 1-23-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20 year 1947 hour 5 minute 55 A.M.

21. I hereby certify that I attended the deceased from Jan 19, 1947, to Jan 20, 1947, that I last saw her alive on Jan 19, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gastric hemorrhage (Primary Carcinoma of Liver)	6-8 hrs
Due to: Metastatic Carcinoma of stomach & liver.	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 30	
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? ..... (Specify type of place) While at work? ..... (e) Means of injury .....

23. Signature Clyde B Abbott (M. D. or other)

Address 219½ E Walnut Date signed 1/21/47

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1947

MAR 25 1947

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. T. H. Kelley

Licensed Embalmer No. 3334

P. O. Address. Seymour 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.