

FILED JUN 17 1947

State File No.

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
268 West Morgan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community All Her Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 268 W. Morgan
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Mary S. 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 Widowed
6. (b) Name of husband or wife John Peck 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 10 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 12 Days 30 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin Steele
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Goin
15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mina Nooe

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof 6/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. Leslie Perry

(b) Address Marshall, Mo.

19. (a) June 3 - 1947 (b) Richard P. Nuckler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1947 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov, 1946, to June 1, 1947
that I last saw her alive on May 20, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism 2 min
Due to Hypertension 2 yrs
Due to Chronic Nephritis 6 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
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) _____ (e) Means of injury _____

23. Signature Richard P. Nuckler (M. D. or other) D.O.
Address Marshall, Mo. Date signed 6/2/47

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

97
62

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-16-47

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.....

J. Leslie Summey

Licensed Embalmer No. 3235

P. O. Address. Marshall, W. Va.

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.