

S. No. 2
OM-5-43
ev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Hampton
26533
State File No.

FILED JUL 24 1947

Registration District No. 380

Primary Registration District No. 4590

Registrar's No.

1. PLACE OF DEATH:

(a) County Texas

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

(c) Name of hospital or town: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 12 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas

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

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Francis Peck

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race B

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

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

7. Birth date of deceased July 25, 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>11</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Rockford Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Hiram A Peck

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

14. Maiden name unknown

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

16. (a) Informant Mrs John Austin

(b) Address Summersville, Mo.

17. (a) Burial (b) Date thereof 7-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Summersville Cemetery

18. (a) Signature of funeral director Duncan Funeral home

(b) Address Mountain view, Mo.

19. (a) July 12 1947 (b) Mrs C E Murfin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1947 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 47
1947 to July 19
that I last saw him alive on July 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to arterial Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) g3A

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 Louere Hampton M. D. or other _____

Address Summersville Date signed July 11

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

7
0
0

RECEIVED

District Health Officer No. 5

District File Number 747419

Date Filed 7-22-47

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 Joe R. Duncan
Licensed Embalmer No. 4325
P. O. Address Mt View, 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.