

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 20 1947
Registration District No. 4247

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33758**
Registrar's No. **1219**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:
(a) County: **Buchanan**
(b) City or town: **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **6017 Gordon St., (home)**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **1 1/2 years** (Specify whether
In this community: **1 1/2 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: **Missouri** (b) County: **Buchanan** //
(c) City or town: **St. Joseph** /
(If outside city or town limits, write "RURAL")
(d) Street No.: **6017 Gordon St.** /
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: **James O. Peel**
3. (b) If veteran: **None**
name war: _____
3. (c) Social Security No.: **495-10-1900**

4. Sex: **Male** 5. Color or race: **White**
6. (a) Single, widowed, married, divorced: **Widowed**
6. (b) Name of husband or wife: **Lallie**
6. (c) Age of husband or wife if alive: **2, 1879** years
7. Birth date of deceased: **May 2, 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 5 8 hr. min.

9. Birthplace: **Williamstown Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Retired farmer**

11. Industry or business: **None**

MOTHER, FATHER { 12. Name: **William Peel**
13. Birthplace: **? England** /
(City, town, or county) (State or foreign country)

{ 14. Maiden name: **Unknown**
15. Birthplace: **? England** /
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Goldie Light**
(b) Address: **6017 Gordon St., City**

17. (a) Burial, cremation, or removal: **Burial** Date thereof: **10/12/47**
(b) Place: **DeKalb, Missouri**
(City, town, or county) (State or foreign country)

18. (a) Signature of funeral director: **John [Signature]**
(b) Address: **6054 Pryor Ave., City**

19. (a) **10-14-47** (Date received local registrar)
(b) **Carl Jenkins** (Registrar's signature) **302**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **10**
year **1947** hour **9** minute **30 P. M.**
21. I hereby certify that I attended the deceased from **Oct. 6, 1947** to **Oct 10, 1947**
that I last saw him alive on **Oct 10, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypostatic Pneumonia**
Due to: **Cerebral embolism**
Other conditions: **neuro-syphilis**
(Include pregnancy within 3 months of death)

Major findings: **300**
Of operations: _____
Of autopsy: _____

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? **2**
While at work: _____ (Specify type of place) (e) Means of injury: _____
23. Signature: **Carl Cross** (M. D. or other) **DR**
Address: **2008 Olive Hill** Date signed: **10-11-47**

Duration
3 days
4 days
?
PHYSICIAN
Underline the cause of which death should be charged statistically.

St. Joseph, Mo.

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.....

John E. Rupp

Licensed Embalmer No.

3986

P. O. Address.....

St. Joseph, 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.