S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44617

FILED JAN 29 1948

Registration District No. 3034

Primary Registration District No. 6117

Registrar's No. 81193

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution: Home in Blodgett, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 90yrs or most all of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

(c) City or town Blodgett, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Main Street 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME REBECCA JANE PEAL

3. (b) If veteran, name war No

3. (c) Social Security No. nknown

4. Sex female

5. Color or race white

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 Sept 20, 1851
(Month) (Day) (Year)

8. AGE: Years 96 | Months 1 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Mayfield, Missorui 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Fredrick Withrow
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ashley
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Son Jim Peal
(b) Address Blodgett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 17, 1947
(Month) (Day) (Year)
(c) Place: burial or cremation Blodgett, Cemetery

18. (a) Signature of funeral director Orville Taylor
(b) Address Sikeston, Mo

19. (a) Dec 20 1947 (Date received local registrar) (b) Mrs E J Nierstedt (Registrar's signature) 204

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14
year 1947 hour 9 minute 10 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 Old age Infirmity	
Due to Hypertension	Several years
Due to	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

162B

PHYSICIAN
Underline the cause of 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 Orville Taylor (M. D. or other) Coroner

Address Sikeston, Mo Date signed Nov 16, 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 148-128
Date Filed 1-26-48

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 James M. Scott
Licensed Embalmer No. 4350
P. O. Address East Prairie, 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.