

FILED APR 8 1948

Registration District No. **371**

Primary Registration District No. **4542**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **Webster**
 (b) City or town **Rogersville**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location) **1**
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME **George Willard Peck**

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

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **MARY ELIZABETH**
 6. (c) Age of husband or wife if alive **72** years
 7. Birth date of deceased **MARCH 30 1862**
 (Month) (Day) (Year)

8. AGE: Years **85** Months **9** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **Greene Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Arnet Daniel Peck**
 13. Birthplace **N. Carolina**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Rebecca Simmeyer**
 15. Birthplace **Tennessee**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Peck**
 (b) Address **Rogersville, Missouri**

17. (a) **BURIAL** (b) Date thereof **JAN. 4 1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Palmetto Cem.**

18. (a) Signature of funeral director **Kelley Ferrell Beysman**
 (b) Address **Rogersville, Missouri**

19. **Mar 4-48** (Date received local registrar) **Lester Wood** (Registrar's signature) **24**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Webster**
 (c) City or town **Rogersville**
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **31**
 year **1947** hour **10** minute **25** P.M.

21. I hereby certify that I attended the deceased from **Dec 22** 19**47** to **Dec 31** 19**47**
 that I last saw **him** alive on **Dec 22** 19**47**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiovascular Renal Failure**
 Duration **4 hrs**

Due to _____

Due to _____

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

Major findings: Of operations _____
 Of autopsy _____
 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 **0**

23. Signature **R. R. Farthing** (M. D. or other) _____
 Address **Ozark mo** Date signed **2-11-48**

RECEIVED

District Health Officer No. 6;

District File Number 348-324

Date Filed MAR 31 1948

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Registration District No. 371

Primary Registration District No. 4542

1. PLACE OF DEATH: Webster
(a) County Webster
(b) City or town Rockersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

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

3. (a) PRINT FULL NAME George W. Peck
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, wid, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased March 3 1947
(Month) (Day) (Year)

8. AGE: Years 85 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer
11. Industry or business Farm

MOTHER FATHER

12. Name _____
13. Birthplace (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

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

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April Day 13 Year 1947 Hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
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 _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

8880

S-44770