

FILED JAN 12 1948

Registration District No. 59

Primary Registration District No. 5-226

Registrar's No. 3

1. PLACE OF DEATH:

(a) County CASS
(b) City or town RURAL Mt. Pleasant
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3/4 MI. N. BELTON ON HIGHWAY 71
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 3 years 6 months
years, months or days)

8. (a) PRINT FULL NAME JOHN HARVEY PECK

8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MARY R. PECK 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Sept 19 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation RETIRED FARMER

11. Industry or business _____

MOTHER FATHER
12. Name JOHN W. PECK
13. Birthplace UNK.
(City, town, or county) (State or foreign country)
14. Maiden name UNK.
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. C. W. HAVENAILL
(b) Address BELTON MO.

17. (a) BURIAL (b) Date thereof JAN 5 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation STARKTON, MO.

18. (a) Signature of funeral director OTR G... Jones
(b) Address BELTON MO

19. (a) Jan 5-48 (b) Laura Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CASS
(c) City or town RURAL BELTON MO
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? NO years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 2
year 1948 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from December 29
1947 to January 2 1948
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Hypertension

Due to Cerebral sclerosis

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

Major findings: _____
Of operations _____
Of autopsy 639

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 Walter V. Robbins (M. D. or other) MD.
Address BELTON, MO Date signed 1/3/48

Duration 4 hrs
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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 Richard E. Keane

Licensed Embalmer No. 3958

P. O. Address Bellon, 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, above space should be left blank.