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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1948

Registration District No. 949

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8863

Registrar's No. 1064

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1025 A Summit Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. Westend Hotel:16th & Genessee 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME WILLIAM HOMER PEERY

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced X 1

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Sept. 2, 1891.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	6	4	hr. min.

9. Birthplace Trenton, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Walter M. Peery,
13. Birthplace Trenton, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Mitchell,
15. Birthplace Trenton, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Peery.
(b) Address Trenton, Mo.

17. (a) Removal (b) Date thereof March 8, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trenton, Mo.

18. (a) Signature of funeral director Blaine Weilert Funeral Home
(b) Address 2332 Monitor Place.

19. (a) 3-8-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th
year 1948 hour 2:00 PM. minute ..... 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.

Immediate cause of death Acute Coronary

Due to Occlusion

Due to

Other conditions (Include pregnancy within 3 months of death) Deputy Coroner 940

Major findings:
Of operations

Of autopsy History & Inspection

Duration

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?
(Specify type of place)

While at work (e) Means of injury

23. Signature A. E. Asher (M. D. or other) MD

Address 2800 Main Date signed 3/7/48

(Licensed Embalmer's Statement on Reverse Side)

JUN 20 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 Blaine E. Weilert

Licensed Embalmer No. 4075

P. O. Address K. C. 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.