

FILED JUL 15 1948

Registration District No. **115**

Primary Registration District No. **3433**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Franklin**
(b) City or town **Rural Union**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(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 **Mo.** (b) County **Franklin 36**
(c) City or town **Rural Beaufort Mo**
(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 _____

3. (a) PRINT FULL NAME **Julia Peirick**

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

4. Sex **F** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M.**
6. (b) Name of husband or wife **Henry Peirick** 6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **Jan 24 1878**
(Month) (Day) (Year)

8. AGE: Years **70** Months **5** Days **15** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **Henry Voss**
13. Birthplace **Kirkow Mo. 0**
(City, town, or county) (State or foreign country)
14. Maiden name **Sophia Henke**
15. Birthplace **Casco Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry Peirick**
(b) Address **Beaufort Mo. Rural Route**

17. (a) **Burial** (b) Date thereof **July 12 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Neier Int.**

18. (a) Signature of funeral director **E. H. Lemme**
(b) Address **Beaufort Mo.**

19. (a) **July 10 1948** (b) **E. J. Cohen Jr**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **9**
year **1948** hour **6:** minute **00 A.** M.

21. I hereby certify that I attended the deceased from **Jan 4 1934** to **July 9 1948**
that I last saw him alive on **June 30 9 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary occlusion** 10 min

Due to **Coronary Sclerosis**

Due to **127**
Other conditions **Chrom Cholelithiasis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **No operation**
Of autopsy **No Autopsy**

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? _____

While at work _____ (Specify type of place) (c) Means of injury _____
23. Signature **J. P. Matthews** or others _____
Address **Beaufort Mo** Date signed **7-9-48**

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 14 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.....

E H Jenne

....., Registered Apprentice No.....

working under my personal supervision.

Signed

E H Jenne

Licensed Embalmer No. *3076*

P. O. Address *Beaufort 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.