FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 25 1948

Registration District No. 323

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21846

Primary Registration District No. 4474

Registrar's No. 49

1. PLACE OF DEATH:
(a) County SALINE
(b) City or town SWEET SPRINGS
(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 LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County SALINE
(c) City or town SWEET SPRINGS 97
(If outside city or town limits, write "RURAL")
(d) Street No. 108 BRIDGE ST. 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JAMES MALACHI PELOT
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 SINGLE
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased FEB. (Month) 20. (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	3	26	hr. min.

9. Birthplace SWEET SPRINGS. MO (City, town, or county) (State or foreign country)
10. Usual occupation MERCHANT.
11. Industry or business TYPE WRITERS
FATHER
12. Name JAS. M. PELOT
13. Birthplace S. CAR (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ELNORA J. BUCKLEY
15. Birthplace VA (City, town, or county) (State or foreign country)
16. (a) Informant CHAS. PELOT
(b) Address SWEET SPRINGS. MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6 (Month) 18 (Day) 48 (Year)
(c) Place: burial or cremation FAIRVIEW. Cemetery
18. (a) Signature of funeral director R. C. CARTER
(b) Address SWEET SPRINGS. MO
19. (a) 6/18/48 (Date received local registrar) (b) Dolly Andrew (Registrar's signature) 293

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 16th
year 1948 hour 11 minute 05 P.M.
21. I hereby certify that I attended the deceased from 6/3 1948, to 6/16 1948
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis following Congestive Heart failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
94W

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 R. W. Parsons (M. D. or other)
Address Sweet Springs, Mo Date signed 6/18/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-24-48

JUN 23 1949

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 R. C. Carter

Licensed Embalmer No. 3543

P. O. Address [illegible]

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.