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FILED AUG 12 1948

Registration District No. 140

Primary Registration District No. 5547

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Rural R.R. 5 Moniteau Twp.
(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 years, months or days) All his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45
(c) City or town Rural, Fayette 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 5 Moniteau Twp. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country ---

3. (a) PRINT FULL NAME Thomas Jackson Peacher

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 Laura Diggs
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased April 13, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 3 7 hr. min.

9. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business -----

12. Name William Peacher

13. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Wallace Peacher

(b) Address R.R. 5 Fayette, Missouri

17. (a) Burial (b) Date thereof 7/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Chapel How. Co.

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) 7-31-1948 (b) Beethy Fern Lakin
(Date received local registrar) (Registrar's signature) 404

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1948 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from June
1948 to July 20 1948
that I last saw him alive on July 20 1948
and that death occurred on the date and hour stated above.
Duration 45 yrs.

Immediate cause of death: Arteriosclerosis

Due to Sec. anemia

Due to Sec. anemia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations -----

Of autopsy -----

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? -----

While at work? ----- (Specify type of place)

(e) Means of injury -----

23. Signature M. Blech (M. D. or other) MD

Address Fayette, Mo Date signed 7-24-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-11-48

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

Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.