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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1948

Registration District No. 46

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 26709

Registrar's No. 254

1. PLACE OF DEATH:

(a) County Jackson,

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

(c) Name of hospital or institution: 809 S. Mill (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)

In this community 10 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence (If outside city or town limits, write "RURAL") 11

(d) Street No. 809 S. Mill, St. (If rural, give location) 4

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

If yes, name country .....

3. (a) PRINT FULL NAME LeRoy Peffer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife .....

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

7. Birth date of deceased May (Month) 5 (Day) 1938 (Year)

8. AGE:

Years	Months	Days	If less than one day
10	3	1	..... hr. ..... min.

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

10. Usual occupation Child

11. Industry or business .....

FATHER
12. Name George W. Peffer
13. Birthplace South Bend, Ind. (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Beulah Oliver
15. Birthplace Bowling Green, Kent. (City, town, or county) (State or foreign country) 1

16. (a) Informant George W. Peffer

(b) Address 809 S. Mill, Independence, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 28, 48 (Month) (Day) (Year)

(c) Place: burial or cremation Brooking Cemetery

18. (a) Signature of funeral director George C. Carser

(b) Address Independence, Missouri

19. (a) 8-28-48 (Date received local registrar) (b) [signature] (Registrar's signature) 3549

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 26, 19 48 26

year 1948 hour One minute 20 P. M.

21. I hereby certify that I attended the deceased from Birth and May 1945 19..., to Aug 26 1948 that I last saw him alive on July 2 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hodgkin's Disease	3 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None 44 B	

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 Ethel Watson (M. D. or other) M. D.

Address 13 W Lexington Independence Mo Date signed 8/26/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Charles F. Tyler

Licensed Embalmer No. 4054

P. O. Address Springfield 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.