

STANDARD CERTIFICATE OF DEATH

FILED JUL 1 1950

State File No. 20402
2680

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY
c. LENGTH OF STAY (In this place) 25 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION 2528 KENSINGTON AVENUE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 4348
d. STREET ADDRESS (If rural, give location) 2528 KENSINGTON AVENUE

3. NAME OF DECEASED
a. (First) EMMA b. (Middle) CHRISTINE N. c. (Last) PEUGH
4. DATE OF DEATH (Month) (Day) (Year) JUNE 14 1950

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH FEB 17 1899 9. AGE (In years last birthday) 51 YEARS

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) OSAGE CITY, KANSAS 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAMES NELSON 13b. MOTHER'S MAIDEN NAME JENNIE HOKANSON 14. NAME OF HUSBAND OR WIFE JOSEPH P. PEUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS JOSEPH P. PEUGH 2528 KENSINGTON AVE KANSAS CITY, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma
ANTECEDENT CAUSES DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2501
INTERVAL BETWEEN ONSET AND DEATH 2 mo.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION Biopsy - lymphosarcoma 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1950, to June 14, 1950, that I last saw the deceased alive on June 13, 1950, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE W. A. Slertz (Degree or title) M. A. Slertz, M.D. 23b. ADDRESS 315 Alameda Rd. 23c. DATE SIGNED June 14, 1950

24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL 24b. DATE JUNE 17 1950 24c. NAME OF CEMETERY OR CREMATORY SWEDISH CEMETERY 24d. LOCATION (City, town, or county) (State) OSAGE CITY KANSAS

DATE REC'D BY LOCAL REG. 6-16-50 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS O. H. Newcomer 331 BRUSH CREEK KANSAS CITY, MO.

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

