

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28703

State File No. ....

Registrar's No. 98

FILED SEP 9 1943  
Registration District No. 187

Primary Registration District No. 3040

## 1. PLACE OF DEATH:

(a) County Superior  
(b) City or town Chillicothe  
(c) Name of hospital or institution: Chillicothe Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Eleven Days (Specify whether years, months or days)  
In this community Eleven Days

3. (a) PRINT FULL NAME: Minnie Pea3. (b) If veteran, name war L3. (c) Social Security No. L

4. Sex Female 5. Color or race N. 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife R. D. Pea 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased April 58 (Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days 0 If less than one day hr. min.

9. Birthplace Canterbury County, Mo. (City, town, or county) (State or foreign country)10. Usual occupation Housekeeper11. Industry or business Housekeeping12. Name Don't know13. Birthplace Don't know (City, town, or county) (State or foreign country)14. Maiden name Don't know15. Birthplace Don't know (City, town, or county) (State or foreign country)16. (a) Informant E. J. Michael(b) Address Braymer, Mo.17. (a) Removal Aug 22-43 (b) Date thereof Aug 22-43 (City or town) (County) (State)(c) Place: burial or cremation Braymer, Mo.18. (a) Signature of funeral director E. J. Michael(b) Address Braymer, Mo.19. (a) Aug 21 (b) L. V. E. Curry (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell  
(c) City or town Braymer (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 1

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1943 hour 1:00 minute 00 M.21. I hereby certify that I attended the deceased from Aug 13 1943 to Aug 21 1943 that I last saw her alive on Aug 21 and that death occurred on the date and hour stated above.Immediate cause of death Heart decompensationDue to Chronic pyelitisDue to 133a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 133aOf autopsy 133a

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) X  
(b) Date of occurrence X  
(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 R. D. Pea (M. D. or other)Address Chillicothe, Mo. Date signed 8/21/43

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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 6 1940

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

*E. P. Michael*

Licensed Embalmer No.

*1363*

P. O. Address

*Bayonne, N.J.*

**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.