

1939 JUN 19

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18905
Do not use this space.

1. PLACE OF DEATH

(a) County Lapeer Registration District No. 411
 (b) Township Shelburne Primary Registration District No. 2007 Registered No. _____
 (c) City Joplin (d) Street No. St. Johns Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT-FULL NAME

CHARLES MAGNUS PETERSON
 (a) Residence, No. SENECA, MO. Rt 2 St. Seneca, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mamie Peterson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1870
 7. AGE YEARS 69 MONTHS 0 DAYS 19 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation life time
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock Island, Illinois
 FATHER 13. NAME John Peterson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden
 MOTHER 15. MAIDEN NAME Junilla Larson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden
 17. INFORMANT Mrs. Mamie Peterson (ADDRESS) Seneca Rt 2
 18. BURIAL, CREMATION, OR REMOVAL PLACE Burkhardt Cemetery DATE 5/17 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Spacine, Bugnard, B. W.
Seneca, Missouri
 20. FILED 5-17 1939 Ed J. Jensen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1939
 22. I HEREBY CERTIFY, That I attended deceased from April 7 1939, to May 15 1939.
 I last saw him alive on May 15 1939. Death is said to have occurred on the date stated above, at 7:20 p.m.
 The principal cause of death and related causes of importance were as follows:
Anuria.
Myocarditis, etc.
Senility
 Other contributory causes of importance: 131
endonephritis, Pyelitis.
Acute gall Bladder
Gall Bladder
 Name of operation Gall Bladder Date of operation 5/15/39
 What test confirmed diagnosis? Was there an autopsy? Yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury _____, 19____
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Dr. M. D. Jensen M. D.
 (Address) Joplin Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

131

RECEIVED

District Health Officer No. 0,

District File No. 6-6-39-1263

JUN 9 1939

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~~.....

B. W. Buzzard....., Registered Apprentice No.....
working under my personal supervision.

Signed B. W. Buzzard
Licensed Embalmer No. 2334
P. O. Address Seneca, 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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18905
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1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Jasper Primary Registration District No. 2002 Registered No.
 (c) City Jasper (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles Magnus Peterson
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>69</u>	MONTHS <u>0</u>
	DAYS <u>19</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..		
19. FUNERAL DIRECTOR (ADDRESS)		
20. FILED 19..		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15, 1949

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw him alive on, 19... Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
arteriosclerosis
myocarditis chr
hypertrophy
prophatic pyelitis
prostatic adenocarcinoma
 Other contributory causes of importance:
acute gall bladder disease
angina + stones
gall bladder disease
stones removed

Name of operating physician: Stones removed
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19...
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) W. Mitchell Gregg, M. D.
 (Address) Jasper

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Local Registrar.

