

REC'D OCT 13 1939

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

33630  
Do not use this space.

1. PLACE OF DEATH

(a) County Schyler Registration District No. 804  
 (b) Township Greentop Primary Registration District No. 6049 Registered No. \_\_\_\_\_  
 (c) City Greentop, R.R. 2. (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 Larry Edwin Peterson

(a) Residence, No. Greentop, Mo. R.R. #2. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 8 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schyler Co., Mo.

FATHER 13. NAME Cecil Arthur Peterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schyler Co., Mo.

MOTHER 15. MAIDEN NAME Marjoe Britt Peterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schyler Co., Mo.

17. INFORMANT (ADDRESS) Cecil Peterson  
Greentop Mo. R.R. #2

18. BURIAL, CREMATION, OR REMOVAL PLACE New Harmony DATE Sept. 10 19 9

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Davis Funeral Home  
Kirkville, Missouri

20. FILED Sept. 9, 1939 Spencer L. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1939 to Sept. 8, 1939  
 I last saw him alive on Sept. 8, 1939. Death is said to have occurred on the date stated above, at 5:00 P. m.  
 The principal cause of death and related causes of importance were as follows:

Infantile cerebral paralysis (since birth) convulsions.  
Pulmonary edema.  
 Date of onset 9/8/39

Other contributory causes of importance:  
Pulmonary edema.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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 Spencer L. Freeman M. D.  
 (Signed) Spencer L. Freeman (Address) Kirkville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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

*Harold N. Mayal*

Licensed Embalmer No. *4096*

P. O. Address *Triskwith, Pa.*

**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.**