

Registration District No. 859

Primary Registration District No. 6138

43

1. PLACE OF DEATH:

(a) County Taney
(b) City or town Rural
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community 4 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME IDA BELLE PETERSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Reire Peterson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 11th 1866 (Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 12 If less than one day hr. _____ min.

9. Birthplace Jackson County Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Isaac McCartney

13. Birthplace Dont know (City, town, or county) (State or foreign country)

14. Maiden name Ann Grubb

15. Birthplace Dont know (City, town, or county) (State or foreign country)

16. (a) Informant's own signature I. Peterson

(b) Address Ridgely Mo

17. (a) Removed (b) Date thereof 11 23 39 (City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation Omaha Ark

18. (a) Signature of funeral director John H. Baxter

(b) Address _____

19. (a) 11/23 1939 (b) John H. Baxter (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Polk

(c) City or town Des Moines (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23rd year 1939 hour 12:00 minute 5:0 M.

21. I hereby certify that I attended the deceased from August 7th, 1939, to Nov 23rd, 1939; that I last saw her alive on Nov 1st, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of breast with possible internal metastasis Duration 1937

Due to _____

Due to 59

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Harry T. Evans (M. D. or other) MD

Address Branon Mo Date signed 11/23/39

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

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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.

RECEIVED

District Health Officer No. 6,

District File number 1239-2402

Date Filed DEC 4 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.