

Registration District No. 124

Primary Registration District No. 4070

Registrar's No. B

1. PLACE OF DEATH:

(a) County Cape Girardeau FILED FEB 12 1940
(b) City or town Jackson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days) 365

3. (a) PRINT FULL NAME SAM WALLER PETERMAN
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Matilda Peterman
6. (c) Age of husband or wife if alive 1880 years

7. Birth date of deceased Jan 22, 1880
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 15
If less than one day hr. _____ min. _____

9. Birthplace Miller ville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant Lignor

11. Industry or business Retail Lignor store

12. Name J. P. Peterman

13. Birthplace Miller ville Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sallie Wood

15. Birthplace Cape Girardeau County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mack L. Wagner
(b) Address Jackson Mo.

17. (a) Burial (b) Date thereof 1-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jackson, Mo.

18. (a) Signature of funeral director Mack Wilson-Stall
(b) Address Jackson Missouri

19. (a) 1-10-40 (b) D. G. Scherb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau, Mo.
(c) City or town Jackson
(If outside city or town limits, write "RURAL")
(d) Street No. West 1st South Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7th
year 1940 hour 2:50 minute 5:00 A.M.

21. I hereby certify that I attended the deceased from Jan 7, 1940, to Jan 7, 1940, that I last saw him alive on Jan 6, 1940, and that death occurred on the day and hour stated above.

Immediate cause of death Acute heart failure

Due to Following chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓ Of autopsy ✓

Duration _____
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) (b) Means of injury ✓

23. Signature Alburt M. Estis (M. D. or other) _____
Address Jackson Mo. Date signed 1-8-40

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.

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.