

FILED MAR 19 1940

1002

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 548

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

I. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
No.  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution No. (Specify whether) 0  
In this community 23 Yrs.  
years, months or days

3. (a) PRINT FULL NAME Mattie Peters,

3. (b) If veteran, name war None  
3. (c) Social Security No. None

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

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 2nd, 1856  
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 29  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Converse, Indiana.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Stephens Peters  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Tabitha Shinn,  
15. Birthplace W. Virginia.  
(City, town, or county) (State or foreign country)

16. (a) Informant Effie L. Wade,

(b) Address 2020 Agnes Avenue, K. C. Mo.

17. (a) Burial (b) Date thereof Feb. 4 - 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence, Kansas.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn Avenue, K.C. Mo. 310

19. (a) Feb. 5, 1940 (b) M. M. Orme  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2020 Agnes Avenue, K.C. Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st. 1940  
year 1940 hour \_\_\_\_\_ minute 8:50 P.M.

21. I hereby certify that I attended the deceased from Jan 23/40  
\_\_\_\_\_ 19\_\_\_\_ to Feb 1, 1940  
that I last saw her alive on Jan 1, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Atherosclerosis

Due to Ch. Bright Disease  
Ch. Myocardial Infarction

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy none

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)  
(e) Means of injury \_\_\_\_\_

23. Signature D. J. ...  
Address 4800 E. ... Date signed 2/3/40

Dr. Edmonds,  
Office 1107 D E 20  
Phone 5-9 44 9

**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 *Densil P. Browning*  
Licensed Embalmer No. 2724  
P. O. Address *Waverly City*

**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.**