

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

Rev. 5-17-39 I 191011

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11327

APR 23 1940
Registration District No. 411

Primary Registration District No. 2007

State File No. _____
Registrar's No. _____

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2524 Murphy
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution: 27 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: Alfred L. Peterson
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: Ada
6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: May 4, 1873
(Month) (Day) (Year)

8. AGE: Years: 68 Months: 10 Days: 2
If less than one day: hr. _____ min. _____

9. Birthplace: Granton, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Cooper

11. Industry or business: _____

MOTHER FATHER
12. Name: Alexander Peterson
13. Birthplace: Union, Ohio
(City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Mrs. Ada Peterson
(b) Address: Joplin, Mo.

17. (a) Buried (b) Date thereof: 3-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Frank Johnson's
Shankill-Huller
372

18. (a) Signature of funeral director: Jasper, Mo.
(b) Address: _____
19. (a) 3-8-40 (b) Ed F James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 2524 Murphy
(If rural, give location)
(e) If foreign born, how long in U. S. A.: _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: May day: 6th
year: 1940 hour: 2:55 minute: _____ P.M.
21. I hereby certify that I attended the deceased yes
_____ 19____ to _____ 19____;
that I last saw him/her on 1-11-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis with Cavitation
Due to: _____
Due to: _____
Other conditions: 77
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury: _____
23. Signature: Walter Howard (M. D. or other) HW
Address: Joplin, Mo. Date signed: 3/7/40

RECEIVED

District Health Officer No. 6,

District File Number 4410-1030

Date Filed APR 10 1940

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.