DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14198

FILED MAY 15 1940

Registration District No. 35-475 Primary Registration District No. 563-95093 Registrar's No.

1. PLACE OF DEATH:

(a) County: Barry

(b) City or town: Verona, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural Community (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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.

3. (a) PRINT FULL NAME: Axel Petterson 362

3. (b) If veteran, name war:

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Anna Petterson

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: May (Month) 1 (Day) 1862 (Year)

8. AGE: Years 75 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: John Petterson

FATHER 13. Birthplace: Sweden (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Unknown

MOTHER 15. Birthplace: Sweden (City, town, or county) (State or foreign country)

16. (a) Informant: Anna Petterson

(b) Address: Verona, Mo., Route 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 20, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Spring River Cemetery

18. (a) Signature of funeral director: Fred L. Marsh Dir.

(b) Address: Aurora Funeral Home, Aurora Mo.

19. (a) 5/10 (Date received local registrar) (b) [illegible] (Registrar's signature) 34

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1940 hour [redacted] minute 15 P. M.

21. I hereby certify that I attended the deceased from March 10, 1940, to April 18, 1940, that I last saw him alive on April 18, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac failure + disease

Due to: Senile debility

Due to:

Other conditions (Include pregnancy within 3 months of death): ASHD

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: F. Avery Watson (M. D. or other) D.O.

Address: Verona, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6
District File Number 540 — 1313
Date Filed MAY 13 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 was not Embalmed; Registered Apprentice No. working under my personal supervision.

Signed Oscar L. Marsh

Licensed Embalmer No. 3812

P. O. Address Orono Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2B
2-21-40
X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14198

Registration District No. 35 Primary Registration District No. 5043 Registrar's No.

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Pleasant Ridge Twp (If outside city or town limits, write "RURAL" and name of township)

(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 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) (b) County

(c) City or town (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.

3. (a) PRINT FULL NAME Axel Petterson

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased May (Month) 1 (Day) 1864 (Year)

8. AGE: Years 75 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Petersen
13. Birthplace Sweden (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Sweden (City, town, or county) (State or foreign country)

16. (a) Informant Anna Pettersen

(b) Address Verona Rt. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 20 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Roaring River Cem

18. (a) Signature of funeral director Arch L. Marsh

(b) Address Aurora Funeral Home Aurora Mo

19. (a) June 5 1940 (Date received local registrar) (b) Mrs. J. E. Pennell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 18 year 1940 hour 1 minute 15 P M.

21. I hereby certify that I attended the deceased from 1940, to apr 18, 1940 that I last saw him alive on apr 18, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	14 days
Due to Senile Debility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Fanny Walsom (Date other)

Address Verona Mo Date signed

SUPPLEMENTARY

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