

ED JUN 7 1940 408

Registration District No. 408

Primary Registration District No. 3020

State File No. _____

Registrar's No. 99

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Garthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution M. Cune - Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Day
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Deo A. PETERSON

8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex Male 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 _____

7. Birth date of deceased October 3 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 7 0 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John P. Peterson

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

14. Maiden name Lena Larson

15. Birthplace Akron Ohio
(City, town, or county) (State or foreign country)

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

(b) Address Route 3 - Garthage, Mo.

17. (a) Burial (b) Date thereof May 5 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dudman Cemetery

18. (a) Signature of funeral director Wm. Mortuary

(b) Address Garthage, Mo.

19. (a) May 4 1940 (b) E. J. Mc Intire, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3 - Garthage
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1940 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from May 1
1940, to May 31, 1940
that I last saw him alive on May 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis
Due to _____

Due to _____

Other conditions generalized edema
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations none
Of autopsy none
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? 865
(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 George H. Wood (M. D. or other) 1/4/40
Address Garthage Mo Date signed 4/4/40

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

Rev. 5-17-39 I X1851

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 P. W. Knie

Licensed Embalmer No. 814

P. O. Address Carthage, 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.

22