

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2877

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town K.C. Mo  
(c) Name of hospital or institution: 218 N. Whelming  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 18 years  
years, months or days (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town K.C. Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 218 N. Whelming  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William Charles Peters

3. (b) If veteran, name war No  
3. (c) Social Security No. 486-01-0507

4. Sex M 5. Color or race Wh  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Grace Peters  
6. (c) Age of husband or wife if alive 34 years  
7. Birth date of deceased Jan. 11, 1882  
(Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 7  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Clerk City Market

11. Industry or business Greeny City Market

12. Name William Peters

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

14. Maiden name Mary Bendler

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

16. (a) Informant Grace Peters

(b) Address 218 N. Whelming

17. (a) Burial (b) Date thereof July-20-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flora Hill

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

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

19. (a) July 18, 1940 (b) M.M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18  
year \_\_\_\_\_ hour 4 minute 20 A.M.  
21. I hereby certify that I attended the deceased from July 15, 1940 to July 18, 1940  
that I last saw him live on July 15, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
Due to chronic cardiac & renal vascular disease  
Due to disease

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 1420 Gray Bldg Date signed 2-18-40

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

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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 *me*

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed *B H Wise*

Licensed Embalmer No. *42590*

P. O. Address *R. O. Me*

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, fact should be so stated above.