

NOV 19 1940  
1999  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
400 Bales Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20  
In this community 6 Years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 400 Bales Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Mr. August Peterson

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 331-03-0054

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

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

7. Birth date of deceased October 6 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 0 11 hr. min.

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

10. Usual occupation Millwright

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

MOTHER FATHER { 12. Name Alfred Petersonland

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

14. Maiden name Sofia Johnson

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

16. (a) Informant Leo Peterson

(b) Address 5337 Woodland Ave.

17. (a) Burial (b) Date thereof Oct. 19, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem

18. (a) Signature of funeral director O. H. Newsome's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-18-40 (b) M. M. Kerow  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th  
year 1940 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from October 13  
1940, to October 17 1940;  
that I last saw him alive on October 17 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic myocardial degeneration  
Chronic interstitial nephritis  
Due to with complete cardiac  
and renal failure.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 131

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

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?

23. Signature Charles Perry (M. D. or other) DO.  
Address 604 Chambers Bldg Date signed 10-18-40

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

608 Chambers St.  
11-1

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *A. C. Newcomer Jr*  
Licensed Embalmer No. *4043*  
P. O. Address *A. C. M.*

**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.**