S. No. 2
—11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 12 1940

Registrar's District No. 799

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1002

Primary Registration District No.

State File No. 34539

Registrar's No. 4056

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: 3241 Wabash Convelsent Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)

In this community 20 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jackson

(c) City or town: Kansas City (If outside city or town limits write "RURAL")

(d) Street No.: 3227 Montgal (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Christine Peterson

3. (b) If veteran, name war: No.

3. (c) Social Security No.: No

4. Sex: Fe.

5. Color or race: Wh.

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

6. (b) Name of husband or wife: Carl E. Peterson

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

7. Birth date of deceased: Aug. (Month) 11 (Day) 1880 (Year)

8. AGE: Years 60 Months 2 Days 10 If less than one day ____ hr. ____ min.

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

10. Usual occupation: Home ?

11. Industry or business:

MOTHER FATHER

12. Name: Andrew Larson ?

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

14. Maiden name: Johanna Henson

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

16. (a) Informant: Eric Peterson

(b) Address: 3227 Montgal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 24 -40 (Month) (Day) (Year)

(c) Place: burial or cremation: Green Lawn

18. (a) Signature of funeral director: Eylar Funeral Home

(b) Address: 1800 Linwood K.C. Mo.

19. (a) 10-25-40 (Date received local registrar) (b) M. M. Growe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 21 year 1940 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from July 3rd, 1940 to 10/21, 1940 that I last saw her alive on 10/21, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho Pneumonia	5 Days
Due to: Chron arthritis	
Due to: Chron Nephritis	
Other conditions: — (Include pregnancy within 3 months of death)	

131

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: [illegible] (M. D. or other)

Address: 1215 Realty Bldg. Date signed: 10/22/40

(Licensed Embalmer's Statement on Reverse Side)

H. L. Prentiss Realto Bldg
Vi 6600

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 Olivier H. Eylar

Licensed Embalmer No. 632

P. O. Address K. C. 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.