

NOV 12 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34585

State File No. \_\_\_\_\_

4101

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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:  
2533 Montgall Avenue **2**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 45 Years  
years, months or days

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")  
**0**  
 (d) Street No. 2533 Montgall Avenue  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25th  
 year 1940 hour 10 minute 50 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

that I last saw \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

*Acute pulmonary congestion*  
 Due to  
*Acute & chronic myocardial infarction*  
 Due to  
*Acute & chronic coronary occlusion*

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

Major findings: *Coronary occlusion 9/4/40*

Of, operations \_\_\_\_\_

Of autopsy *Yes*

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 \_\_\_\_\_ about home, on farm, in industrial place, in public place?  
(Specify type of place)

While at work \_\_\_\_\_  
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

23. Signature *Walter H. Huber* (M. D. or other) \_\_\_\_\_

Address K.C. Mo. Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME Mr. Doss R. Peters

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased January 24 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>9</u>	<u>1</u>	_____ hr. _____ min.

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

10. Usual occupation Cabinet Maker Retired

11. Industry or business Swift's Packing Company

MOTHER { 12. Name Unknown Peters

18. Birthplace Unknown  
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Unknown

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

15. (a) Informant Mrs. Marie Wise

(b) Address 2533 Montgall Avenue

17. (a) Burial (b) Date thereof Oct. 28, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park, K.C.K.

18. (e) Signature of funeral director W. H. Newman

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-26-40 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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

**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 *H. C. Newcomer Jr*

Licensed Embalmer No. *4045*

P. O. Address *H. C. M. O.*

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.