

DEC 18 1940

Registration District No. 207

Primary Registration District No. 4125

Registrar's No. 28-51

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Plattsburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 2

3. (a) PRINT FULL NAME George Peterman

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 8 1864
(Month) (Day) (Year)

8. AGE: Years 75- Months 11 Days 6 If less than one day
hr. _____ min. _____

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

10. Usual occupation Merchant 7

11. Industry or business _____

12. Name Peterman Peterman 7

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

14. Maiden name Not Known 7

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant L. J. Peterman

(b) Address Plattsburg Mo.

17. (a) Burial (b) Date thereof Nov 18 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg Mo.

18. (a) Signature of funeral director O'Brien-Lyon

(b) Address Plattsburg Mo.

19. (a) Nov 16-1940 (b) Ernie Chastain
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
(c) City or town Plattsburg
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14
year 1940 hour Three minute 50 P. M.

21. I hereby certify that I attended the deceased from Oct 17
1940 to Nov 14, 1940.

that I last saw him alive on Nov 14, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____
Arterial Sclerosis

Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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 P. M. Beckman (M. D. or other) _____

Address Plattsburg Mo. Date signed 11-16-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

R. D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg 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.