

EXPIRES JAN 16 1941
EXPIRES JAN 13 1941
Registration District No. _____

Primary Registration District No. 1-3-00

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Wentzville

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 45 years
years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME August Herman Peters

3. (b) If veteran, name war no

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 Eva Peters

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

7. Birth date of deceased August 11 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Province of Hanover, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or Business _____

12. Name Carl Conrad Peters

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

14. Maiden name Catherine Brunschardt

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

16. (a) Informant's own signature August Peters

(b) Address Appleton City, Mo.

17. (a) Appleton (b) Date thereof Dec. 26 1940
(Burial, disposition, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olive

18. (a) Signature of funeral director Spare & Son

(b) Address Wentzville, Mo.

19. (a) Dec. 26 1940 (b) Mrs. Edith J. Simpson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Rural
(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.? 57 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23
year 1940 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from 12-7-40
_____, 19____, to 12-16, 1940
that I last saw him alive on 12-16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid
colon

Duration ?

Due to _____

Due to 46

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? _____

956 (Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature J. B. O'Neil (M. D. or other MD)
Address Wentzville, Mo. Date signed 12-26-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1931

RECEIVED

District Health Officer No. 7,

District No. 1-41-10

Date Filed 1-3-41

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. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton Md

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.