No. 2
1-10-39
17-39
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FILED FEB 1 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4721

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 32

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

1. PLACE OF DEATH:

(a) County Vernon Wash 1

(b) City or town Nevada

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp #3 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month 26 days (Specify whether years, months or days)

In this community Some

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 08

(c) City or town Kansas City 0

(If outside city or town limits, write "RURAL")

(d) Street No. 1524 Cypress St 0

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Opal Peters

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced B

6. (b) Name of husband or wife divorced Melvin Strohecker

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

7. Birth date of deceased October (Month) 8 (Day) 1910 (Year)

8. AGE:

Years	Months	Days	If less than one day
30	3	22	hr. min.

9. Birthplace Kansas City (City, town, or county) 1 Kansas (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John W Peters
13. Birthplace Ethel (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ora McGowen
15. Birthplace Houston (City, town, or county) 1 Mo (State or foreign country)

16. (a) Informant Hosp. Recd

(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan (Month) (Day) (Year) Feb 1, 1941

(c) Place: burial or cremation Kansas City, Kans

18. (a) Signature of funeral director D. W. Newcomers Sons

(b) Address Kansas City, Mo.

19. (a) 1-30-41 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30 year 1941 hour 6 minute 05 P M.

21. I hereby certify that I attended the deceased from Dec 4, 1940, 1940, to Jan. 30, 1941; that I last saw her alive on Jan 30, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Maniacal Exhaustion	5 days
Due to Manic Depressive psychoses	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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 Wm. J. Cremer (M. D. ~~or other~~) 0

Address Nevada Mo Date signed 1/30/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 2-41-233
Date Filed 2-5-41

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 Emil Jonach

Licensed Embalmer No. 4147

P. O. Address K. C., Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.