

No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9741
1150

State File No. _____
Registrar's No. _____

APR 15 1941

Registration District No. 299 Primary Registration District No. 1002

18
3
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution Research Hospital
(d) Length of stay: In hospital, or institution Non-Resident
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Leavenworth
(c) City or town Shelton
(d) Street No. Research Hospital
(e) If foreign born, how long in U. S. A. 2 years.

3. (a) PRINT FULL NAME JOHN. B. PETER

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Jan 21 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 26 If less than one day 11 hr. 9 min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John B. Peter

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

14. Maiden name Ellen Chapoy

15. Birthplace St. Clair Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Father, Cemetery
(b) Address 2554 Leinster

17. (a) Personal (b) Date thereof 3-20-41
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Harrisonville, Kentucky
18. (a) Signature of funeral director G. A. Shepherd
(b) Address 2572 Hillman St
19. (a) 3/20/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 19 1941
year _____ hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from March 17 1941 to March 19 1941;
that I last saw him alive on March 19 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac failure under ether anesthesia
Duration 1 hr.

Due to _____
Due to Meniere's disease - right 3 yrs.

Other conditions Starvation
(Include pregnancy within 3 months of death)

Major findings: Operation - Intracranial
Of operations resect right 8th cranial nerve - 3-19-41
Of autopsy no gross findings

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 Frank Teachover (M. D. or other) M.D.
Address 1630 Professional Bldg Date signed 3-19-41

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, only

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

J. G. Thiesen

Licensed Embalmer No. 2261

P. O. Address: 2512 Halms St

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, fact should be so stated above.