

APR 15 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1269

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:
4006 Prospect
(If not in hospital or institution, write street number, or location)

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

In this community 18 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")

(d) Street No. 4006 Prospect
(If rural, give location)

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

3. (a) PRINT FULL NAME Alice S. Petering

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Julius W. Petering

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

7. Birth date of deceased April 26 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>11</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Henry Heimbrook

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

14. Maiden name Anna Martin

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

16. (a) Informant V. O. Chinn

(b) Address 3240 East 28th

17. (a) Burial (b) Date thereof March 31, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn, N. C. Mo.

19. (a) March 31, 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day March
year 1941 hour 2 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from January, 19____, to date, 19____; that I last saw her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death vascular hypertensive disease, in stomach

Due to _____

Due to _____

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

Major findings:
- Of operations _____

Of autopsy _____

Duration one week

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? _____

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

23. Signature L. H. Wyatt (M. D. or other)

Address 3850 Prospect Date signed 3-29-41

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

enclosed

476
Lindsey 0505

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 _____

Wendell C. Browning

Licensed Embalmer No. *2724*

P. O. Address *W.C. Browning*

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

If this body is not embalmed, fact should be so stated above.