o. 2
4-41
7-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10373

State File No.

APR 9 1941

Registration District No. 175 Primary Registration District No. 5243 Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County Chariton

(b) ~~City or town~~ Rural - Salisbury Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Salisbury Twp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

(c) City or town Rural - 8
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. - Salisbury
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME Marion Lee Peterson

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 10 (Day) 1940 (Year)

8. AGE: Years — Months 6 Days — If less than one day hr. min.

9. Birthplace Chariton Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Wm Peterson
13. Birthplace Chariton Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Edna Dean Perdue
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Geo H Perdue
(b) Address Salisbury Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-41 (Month) (Day) (Year)
(c) Place: burial or cremation Prairie Hill Mo

18. (a) Signature of funeral director Geo B Winkelmeyer
(b) Address Salisbury Mo

19. (a) 3/11/41 (Date received local registrar) (b) G W Hawkins MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 10th year 1941 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Mch 10, 1941, to Mch 10, 1941; that I last saw her alive on Mch 10 - 41, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	
Due to: Influenza	
Due to:	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G W Hawkins MD (M. D. or other)
Address Salisbury Mo Date signed 3/11/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 4-7-41
Date Filed

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 not Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed Geo B Winkelmeyer

Licensed Embalmer No. 2125

P. O. Address Salisbury M

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

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