

No. 2  
1-4-41  
17-39  
X25390

APR 15 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

15643

State File No. \_\_\_\_\_

Registration District No. 744

Primary Registration District No. 3035

Registrar's No. \_\_\_\_\_

### 1. PLACE OF DEATH:

(a) County Ray, Putnam and  
 (b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
 In this community all life  
years, months or days

### 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray & 9  
 (c) City or town Putnam Mo  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

### 3. (a) PRINT FULL NAME

Beverly Gene Peter

3. (b) If veteran, name war WW

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race Black

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 Mar 26 - 1941

(Month) (Day) (Year)

### 8. AGE:

Years	Months	Days	If less than one day
		<u>11</u>	_____ hr. _____ min.

9. Birthplace Ray Co, Mo

(City, town, or county) (State or foreign country)

10. Usual occupation Book

11. Industry or business \_\_\_\_\_

12. Name Sidney Peter

13. Birthplace Carroll Co Mo

(City, town, or county) (State or foreign country)

14. Maiden name Catherine Peter

15. Birthplace Ray Co, Mo

(City, town, or county) (State or foreign country)

16. (a) Informant Grandma

(b) Address Putnam Mo

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Putnam Cemetery

18. (a) Signature of funeral director W. B. ...

(b) Address Putnam Mo

19. April 6 - 41 (b) Malcolm Jackson  
(Date received local registrar) (Registrar's signature)

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 5  
year 1941 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from called in as coroner 1941 to coroner 1941  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 965

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury Coroner

23. Signature J. M. Loyth (M. D. or other) Coroner

Address Putnam Mo Date signed 4-5-41

Duration

### PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 8,  
District File Number.....  
Date Filed 5-13-41

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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..... *Brothers Funeral Home*  
*J. B. Brothers*  
Licensed Embalmer No. 2001  
P. O. Address..... *Rehoboth, MO.*

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.