No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17853

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 445

1. PLACE OF DEATH
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1104 E. Elm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield, 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1104 E. Elm
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James Peters
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Margaret Peters
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased October (Month) 31, (Day) 1854 (Year)
8. AGE: Years 86 Months 6 Days 29 If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) Scotland (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Unknown Peters
13. Birthplace Unknown (City, town, or county) Scotland (State or foreign country)
MOTHER
14. Maiden name Agnes Rinehmont
15. Birthplace Unknown (City, town, or county) Scotland (State or foreign country)
16. (a) Informant Mrs. R. R. Robertson
(b) Address Springfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/41 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 6-1-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th year 1941 hour 9:45 minute A.M.
21. I hereby certify that I attended the deceased from 1935 to 5/30 1941; that I last saw him alive on 5/27 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	2
Due to	
Due to	
Other conditions Senility, arthritis (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? While at work? (Specify type of place) (e) Means of injury
23. Signature H. B. Lemmon (M. D. or other) M.D.
Address Springfield, Mo. Date signed 6-2-41

(Licensed Embalmer's Statement on Reverse Side)

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. Wayne Kimble

Licensed Embalmer No. 3444

P. O. Address. Springfield

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.