No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18665

Registration District No. 668 Primary Registration District No. 3032 Registrar's No. 156

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 5 Days (Specify whether

In this community 20 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis 80

(c) City or town Sedalia (If outside city or town limits, write "RURAL") 6

(d) Street No. 312 E 4 (If rural, give location) 5

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Josephene Peterschmidt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe.

5. Color or race Wh

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

6. (b) Name of husband or wife Conrad Peterschmidt

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

7. Birth date of deceased Aug (Month) 2 (Day) 1881 (Year)

8. AGE: Years 59 Months 9 Days 0 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Peter Long
13. Birthplace (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Lucy Estes
15. Birthplace (City, town, or county) Louisana (State or foreign country)

16. (a) Informant Mrs. Bessie H Mische

(b) Address 312 E 4th St. Sedalia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-41 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia

19. (a) 5/5/41 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1941 hour 6 Pm minute M.

21. I hereby certify that I attended the deceased from April 29, 1941, to May 2, 1941; that I last saw her alive on May 2, 1941; and that death occurred on the date and hour stated above.

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

Duration

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 [illegible] (M. D. or other)

Address Sedalia Date signed 5/3/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 6-11-41
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 .....

..... Registered Apprentice No. .....

working under my personal supervision.

Signed P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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, above space should be left blank.