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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MAY 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21492

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

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 193

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:  
430 East/High Street  
(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 21 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jacob P. Peltason

3. (b) If veteran, name war \_\_\_\_\_

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

4. Sex male  white race white

5. Color or race white

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

6. (b) Name of husband or wife Fannie Peltason

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

7. Birth date of deceased September 8 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>9</u>	<u>10</u>	hr. _____ min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

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

MOTHER FATHER

12. Name Pelta Peltason

13. Birthplace Not Known  
(City, town, or county) (State or foreign country)

14. Maiden name NOT KNOWN

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

16. (a) Informant Mrs Jacob Peltason

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof June-20-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Missouri

18. (a) Signature of funeral director Shope G. Gordon

(b) Address Jefferson City, Missouri

19. (a) 6/19/41 (b) Shope G. Gordon  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City, Missouri  
(If outside city or town limits, write "RURAL")

(d) Street No. 430 East High Street  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
year 1941 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from June 18, 1941, to June 18, 1941;  
that I last saw him alive on June 18, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Myocarditis

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

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

Other conditions A3H  
(Include pregnancy within 3 months of death)

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

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

Duration 109 1/2

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? 11

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature MR Gordon (M. D. or other) \_\_\_\_\_

Address Jefferson City, Mo Date signed 6/19/41

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

456

1941 22 26

**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 *Joseph J. Gordon*

Licensed Embalmer No. *1286*

P. O. Address *Jefferson City 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.**