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**DOB** AUG 7 1941  
Registration District No. 45

Primary Registration District No. 6/60

Registrar's No. 223

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Rural Center township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Nevada, Mo Rt # 31  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution 55 yrs  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Peters

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Betty Peters 6. (c) Age of husband or wife if deceased

7. Birth date of deceased Dec 13, 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>6</u>	<u>28</u>	hr. min.

9. Birthplace Loose Creek, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name John Peterk

13. Birthplace Skibberess, Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Wade

15. Birthplace Wickites, England  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Peters

(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof 7/13/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director Ferry F. Smith  
(b) Address Nevada, Mo

19. (a) 7/19/41 (b) Allen J. Davis  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon<sup>108</sup>  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Nevada, Mo. Rt # 31  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11,  
year 1941 hour 8:30 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Fracture of skull  
" left tibia &  
" left humerus  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (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) accident  
(b) Date of occurrence 4-11-41  
(c) Where did injury occur? US #71 road, n. of Milo, Vernon Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
highway

23. Signature C. Braxton Davis (M. D. or other) Coroner  
Address Nevada, Mo. Date signed 7-12-41

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1233

Date Filed 8-5-41

**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 \_\_\_\_\_

Licensed Embalmer No. 3857

P. O. Address Wesley, Va

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

**If this body is not embalmed, above space should be left blank.**