

BUREAU OF THE CENSUS
FILED SEP 8 1941

Registration District No. 750

Primary Registration District No. 200

Registrar's No. 1826

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Rural St Ferdinand
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
.....
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 5 weeks..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pulaski 85
(c) City or town Crocker (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1941 hour 9:30 minute A M.
21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.
Immediate cause of death Struck by falling
tree he was felling. Duration

3. (a) PRINT FULL NAME ALFRED PETERSON

3. (b) If veteran, name war No 3. (c) Social Security No.....

4. Sex MALE 5. Color or race W 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 AUG 9 1919
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 0 23 hr..... min.

9. Birthplace Pulaski, Co. 0 Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Tree Trimmer

11. Industry or business.....

MOTHER FATHER { 12. Name DAVID JONATHAN PETERSON
13. Birthplace Pulaski Co. 0 Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Nora Bennett
15. Birthplace 1 MINN.
(City, town, or county) (State or foreign country)

16. (a) Informant DAVID J. PETERSON

(b) Address CROCKER, MO

17. (a) Buried (b) Date thereof 8-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker, Mo

18. (a) Signature of funeral director J. H. Hoops & Sons

(b) Address Crocker, Mo.

19. (a) SEP 2 1941 (b) A. H. Johnson
(Date received local registrar) (Registrar's signature)

Due to Concussion of brain caused
by multiple fractures of
the skull.
Due to.....
Other conditions (Include pregnancy within 3 months of death) 1952
79

Major findings:
Of operations.....
Of autopsy Yes. 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) Accident
(b) Date of occurrence Sept. 2, 1941 096
(c) Where did injury occur? St. Ferdinand Twp.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? Yes. (Specify type of place) (e) Means of injury

23. Signature Louis H. Boff Larson (M. D. or other)
Address Kirkwood, Mo. 8/3/41 Date signed

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

6065

S.S. 977

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.....

P. O. Address.....

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.