DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31897

Registration District No. 457 | Primary Registration District No. 4271 | Registrar's No. 16

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

1. PLACE OF DEATH:
(a) County: Lafayette
(b) City or town: Concordia Mo
(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 years, months or days)
In this community: 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Lafayette
(c) City or town: Concordia
(If outside city or town limits write "RURAL")
(d) Street No.: Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME: EMELINE PETERING
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Louis Petering
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased: Jan (Month) 19 (Day) 1867 (Year)

8. AGE: Years 74 | Months 7 | Days 15 | If less than one day ... hr. ... min.

9. Birthplace: Johnson County (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housework
11. Industry or business:
FATHER
12. Name: Frederick Hoecker
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Anna Hee
15. Birthplace: Switzerland (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Louie Oetting
(b) Address: Concordia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 7-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: M. E. Cemetery
18. (a) Signature of funeral director: N. F. Duensing
(b) Address: Concordia Mo
19. (a) Sept 6-41 (Date received local registrar) (b) Ferdinand Shryman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1941 hour 12 minute 30 P. M.
21. I hereby certify that I attended the deceased from Feb 21 1941, to Sept 4 1941; that I last saw her alive on Sept 4 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemmorhage	
Due to: Hypertension	
Due to: 430	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: no	

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: K (1)
23. Signature: Ferdinand Shryman (M. D. ~~or other~~)
Address: Concordia, Mo. Date signed 9-6-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 10-3-41
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 W Roy Ewen

Licensed Embalmer No. 3070

P. O. Address Wellington Mo

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

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