

Registration District No. 328

Primary Registration District No. 3017

Registrar's No.

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

1. PLACE OF DEATH:  
 (a) County Old Grundy  
 (b) City or town Strenton City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 313 E 11th  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 50 yrs  
(Specify whether years, months or days)  
 In this community 50 yrs

3. (a) PRINT FULL NAME Allen August Peterson  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased January 11 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Plain Aurora, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Horseman

11. Industry or business Retired Horseman

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Fred W. Asman

(b) Address 1728 Pleasant Plain

17. (a) Buried (b) Date thereof Oct 24-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove Cemetery

18. (a) Signature of funeral director James A. Davis

(b) Address Shreve, Mo

19. (a) 10-24-41 (b) James A. Davis  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Grundy  
 (c) City or town Strenton  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 313 E 11th  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22 year 1941 hour 11:30 minute P M.

21. I hereby certify that I attended the deceased from Sept 26 1941, to Oct 22 1941, that I last saw him alive on Oct 22 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis  
Due to Cerebral Hemorrhage

Duration 101 2 yrs  
4 hrs  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations JZA

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

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? \_\_\_\_\_

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

23. Signature E. A. Duffy (M. D. or other)

Address Strenton Mo Date signed Oct 28

NOV 4 1941

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**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.....

*Myself*....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Robert B. Davis*.....

Licensed Embalmer No. *4219*.....

P. O. Address *Trenton, 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.**