

FILED NOV 10 1941

Registration District No. **465**

Primary Registration District No. **4278**

Registrar's No. **14**

1. PLACE OF DEATH:

(a) County **Lafayette, Mo.**
(b) City or town **Waverly, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Kelling Clinic.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether
In this community **1** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **30**
year **1941** hour **2** minute **45 P.M.**
21. I hereby certify that I attended the deceased from **Sept 30**
19 **41** to **Sept 30** 19 **41**
that I last saw her alive on **Sept 30** and that death occurred on the date and hour stated above.

Immediate cause of death **Congenital malformation of the heart**
Duration

Due to **172**
Due to **101**
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **no operation**
Of autopsy **no autopsy**
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature **Douglas Kelly** (M.D. or other)
Address **Waverly, Mo** Date signed **9/30/41**

3. (a) PRINT FULL NAME **Julia ANN PETERSON.**

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, **Child 0**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **Sept. 30 1941**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 hr. min.

9. Birthplace **Waverly Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name **Clifford Peterson**

13. Birthplace **Hermitage Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Dana Cross**

15. Birthplace **Long Lane Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clifford Peterson**

(b) Address **1109 W. 47th St. K.C. Mo**

17. (a) **Burial** (b) Date thereof **10-1-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Waverly Mo.**

18. (a) Signature of funeral director **Willis Marshall**

(b) Address **concord mo**

19. (a) **Oct 1st 1941** (b) **Clayton H. Landrum**
(Date received local registrar) (Registrar's signature)

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

4
5
0

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-7-41

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 myself,
....., Registered Apprentice No.
working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525-

P. O. Address Carrollton 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.