No. 2
9-4-41
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2466

FILED FEB 11 1942

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 24

48
44

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium 2
(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 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence Mo. 4
(If outside city or town limits, write "RURAL")
(d) Street No. 905 W Maple Ave 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John B. Peterman
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jean Peterman
6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased Feb (Month) 27 (Day) 1915 (Year)
8. AGE: Years 26 Months 10 Days 21 If less than one day hr. min.
9. Birthplace Lawson (City, town, or county) Mo (State or foreign country)
10. Usual occupation School Teacher
11. Industry or business —
12. FATHER Name Buster Peterman
13. FATHER Birthplace Lawson (City, town, or county) Missouri (State or foreign country)
14. MOTHER Maiden name Ola Henshaw
15. MOTHER Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Jean Peterman
(b) Address 905 W. Maple Ave Indep Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Lawson Mo
18. (a) Signature of funeral director J. W. Manow
(b) Address Lawson Mo.
19. (a) Jan. 19-1942 (Date received local registrar) (b) James W. Rose (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1942 hour 7 AM minute 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.

	Duration
Immediate cause of death: Pulmonary Edema and Bronchopneumonia	18 hrs.
Due to	
Due to 54	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Cystic Arachnoiditis about Optic Chiasm
Of autopsy Tumor of Brain, Malignant in 3rd Ventricle

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

23. Signature Donald F. Coburn (M. D. or other) M.D.
Address 1103 Grand Ave. Kansas City, Mo Date signed Jan 18/42

(Licensed Embalmer's Statement on Reverse Side)

MAY 6 1946

JUN 23 1952

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Henry D. Mitchell

Licensed Embalmer No. 3925

P. O. Address Sedalia 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.