

FILED FEB 16 1942

Registration District No. 444

Primary Registration District No. 0-2-435603

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Knox  
(b) City or town Beaumont City - Rural  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 22 yrs  
In this community 22 yrs  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Knex 52  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7 Miles N. West Knex City Mo  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME John Peters

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

4. Sex M. 5. Color or race w 6. (a) Single, widowed, married, divorced 2 divorced  
6. (b) Name of husband or wife Ann Peters 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 11 1860  
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Brown Co. 1 Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER, FATHER

11. Industry or business \_\_\_\_\_  
12. Name Anthony Peters  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Stover  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Elle Stephenson  
(b) Address Knex City Mo.

17. (a) Burial (b) Date thereof 1-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director Edna Missouri  
(b) Address Beaumont City Mo.

19. (a) Jan 18 1942 (b) Nelle Northcutt  
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12  
year 1942 hour 6 minute 30 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death I never saw Patient until 1/2 hour after death & from symptoms given by the family I would suppose death was due to organic heart lesion he had ~~had~~ with two several similar attacks.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 95c Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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 Gial McReynolds (M. D. or other) 0  
Address Knex City Mo Date signed 1/13/42

RECEIVED

District Health Officer No. 10

District File Number 2-42-206

Date Filed FEB - 7 1942

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 Keith Hudson  
Licensed Embalmer No. 2415  
P. O. Address Edina 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.