. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7741

Registration District No. 1115 Primary Registration District No. 6021 Registrar's No. 1

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

1. PLACE OF DEATH
(a) County St Francois
(b) City or town ~~Knob Lick~~ Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Liberty Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Francois 94
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Liberty Twp
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Salma-Wilhelmina-Petersen
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 Widow
6. (b) Name of husband or wife Alfred ~~Albert~~-Petersen
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased 3 (Month) 26 (Day) 1879 (Year)

8. AGE: Years 62 Months 9 Days 10 If less than one day — hr. — min.

9. Birthplace Stockholm - Sweden 4
(City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business ✓
FATHER
12. Name Elias Erickson
13. Birthplace Sweden 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Carolina Tingvoll
15. Birthplace Sweden 4
(City, town, or county) (State or foreign country)
16. (a) Informant John Erickson
(b) Address Knob Lick, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Knob Lick
18. (a) Signature of funeral director Neidert-Fun-Home
(b) Address Farmington, Mo
19. (a) 1-7-1942 (Date received local registrar) (b) H. G. A. Rydeen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 5 year 1942 hour 6.55 minute A M.
21. I hereby certify that I attended the deceased from 12-2-1942 to 12-2-1942 that I last saw her alive on 12-2-1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of breast — Duration 12-2-41
Due to note.
Due to This patient was seen by a physician one (1) time on 12-2-41
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 50

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 0
23. Signature Geo. R. Watkins (M. D. or other)
Address Farmington Mo. Date signed 1-6-42

10 L (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 242-142
Date Filed 2-6-42

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 Earl J. Miller

Licensed Embalmer No. 3751

P. O. Address Farmington, 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.