

S. No. 2
M-1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12294

FILED APR 10 1942

Registration District No. 878

Primary Registration District No. 6166

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Doster, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Milo Star Route 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 years (Specify whether years, months or days)

In this community 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Milo Star Route
(If rural, give location)

(e) Citizen of foreign country? Yes, Swedish (Yes or No)
If yes, name country Sweden

3. (a) PRINT FULL NAME Peter PETERSON

3. (b) If veteran, name war no

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 9th
year 1942 hour 7 minute 10 P.M.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug 24 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 2 1942 to Mar 6 1942
that I last saw him alive on Mar 6 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 7 Days 0
If less than one day hr. min.

Immediate cause of death Malignancy of Colon

Due to Terminal Tubular Pneumonia 2 days

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

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business

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)

Major findings: Of operations 468

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant H. P. Wilson

(b) Address Milo Mo Star R

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof Mar 25 1942
(Month) (Day) (Year)

(c) Place: burial or cremation olive Branch

18. (a) Signature of funeral director G. B. Benny & Sons

(b) Address Sheldon Mo

19. (a) March 25 1942 (Date received local registrar) (b) Hessner Ludwig (Registrar's signature)

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) (c) Means of injury Thomas G. Duckett M.D. or other

23. Signature Sheldon Mo Date signed 3/25/42

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

MOTHER FATHER

1226

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File No. 4-42-353

Date Filed 4-8-42

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.....

..... *was not embalmed*, Registered Apprentice No.....
working under my personal supervision.

Signed..... *Carroll T. Beery*

Licensed Embalmer No..... *2385*

P. O. Address..... *Sheldon 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.