

FILED JUN 27 1942

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2321

1. PLACE OF DEATH:

(a) County, Jackson
(b) City or town, Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2506 East 14th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 45 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State, Missouri (b) County, Jackson 48
(c) City or town, Kansas City, Mo. 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2506 East 14th street 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Alice Elva Peterson

3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Charles M. Peterson 6. (c) Age of husband or wife if alive 6th years

7. Birth date of deceased March (Month) 6th (Day) 1879 (Year)

8. AGE: Years 63 Months 3 Days 8 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Jake Grabill 13. Birthplace Missouri (City, town, or county) (State or foreign country) 14. Maiden name Jane Holloway 15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy Zollars

(b) Address 2506 East 14th Kansas City Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 16-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Freeman, Mo.

18. (a) Signature of funeral director Mrs. C.L. Forster, F.D.

(b) Address 918 Brooklyn ave.

19. (a) 6-15-42 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1942 hour 6 minute 05 A.M.

21. I hereby certify that I attended the deceased from April 1942 to June 14, 1942 that I last saw him alive on June 14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Artery and Myocardial Degeneration

Due to Fract. Infarction

Other conditions (include pregnancy within 3 months of death) 94a

Major findings: Of operations

Of autopsy

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 work) _____ (e) Cause of injury _____

23. Signature M. M. Browne (M. D. or other) 2
Address 3800 E 27 Date signed 6/15/42

Duration
Physician
Underline the cause to which death should be charged statistically.

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

Dr Wm Thompson

3800 E. 27. offical

2610 clare. Res.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.