

FILED AUG 13 1942

Registration District No. **85**

Primary Registration District No. **1081**

Registrar's No. **701**

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

1. PLACE OF DEATH:
 (a) County **Buchanan,**
 (b) City or town **Saint Joseph,**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2701 South 22nd./Street,
(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 **7 years,**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Buchanan**
 (c) City or town **Saint Joseph,**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2701 South 22nd. Street,**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Minnie Josephine Peterson,**
 3. (b) If veteran, name war **None,**
 3. (c) Social Security No. **None,**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **13th.**
 year **1942** hour **3:00** minute **30 a.m.**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced, **Widowed,**
 6. (b) Name of husband or wife **Louis Peterson,**
 6. (c) Age of husband or wife if alive **_____** years
 7. Birth date of deceased **June 6th. 1871**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 12**
1942, to **July 13, 1942,**
 that I last saw **her** alive on **July 12, 1942**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	71	1	7hr.min.

Immediate cause of death **Coronary Heart Disease 2 days chronic myocarditis**
 Due to.....
 Due to.....

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

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations.....
 Of autopsy.....

10. Usual occupation **At Home,**

MOTHER FATHER
 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)

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

16. (a) Informant **Mrs. Edna M. VanSickle,**
 (b) Address **2606 South 23rd. Street,**
Burial (b) Date thereof **7/14/42.**
(Burial, cremation, or removal) (Month) (Day) (Year)

23. Signature **J. J. Sharvathina** (M. D. or other) **One**
 Address **Kokopatch Bldg.** Date signed **7/13/42**

18. (a) Signature of funeral director **Walter B. Bauman**
 (b) Address **319 So. 10th. Street, Kansas**
 19. (a) **7-14-42** (b) **Rae Hejzog**
(Date received local registrar) (Registrar's signature)

DEC 17 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 7-13-42

....., Registered Apprentice No.
working under my personal supervision.

Signed Wm. E. Summersfield

Licensed Embalmer No. 3007

P. O. Address 219 So. Joseph M

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.