

FILED AUG 18 1942

Registration District No. 207

Primary Registration District No. 5283

Registrar's No. 30-26

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0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Rural - Jackson  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)

In this community 63 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

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

(d) Street No. Five miles north of Lawson  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lowella Peterman

3. (b) If veteran, name war. \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex 17 / 1

5. Color or race W

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

6. (b) Name of husband or wife Ernest Peterman

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Oct 4  
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 27  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wayne Co Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name W. C. Dennis

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy J. Dennis

15. Birthplace Wayne Co Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant H. E. Peterman

(b) Address Lawson, Mo.

17. (a) Burial (b) Date thereof 9-3-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawson Cemetery

18. (a) Signature of funeral director Jarman Prichard

(b) Address Lawson, Missouri

19. (a) July 2, 1942 (b) Miss A. C. Hartell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1  
year 1942 hour 12:00 minute P. M.

21. I hereby certify that I attended the deceased from 1938 to July 1, 1942  
that I last saw her alive on June 20, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Chronic Myocarditis

Due to Carcinoma of descending colon

Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_  
Of operations H&E

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 place)  
(e) Means of injury \_\_\_\_\_

23. Signature Arthur Bucher (M. D. or other) \_\_\_\_\_

Address Lawson Mo Date signed July 2, 1942

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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

*Claude Pritchard*

Licensed Embalmer No.

*2757*

P. O. Address

*Chelmsford Springs, Va*

**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.**