

No. 2  
-5-  
5-17-39  
1 X32873

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution St. Luke's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 Hours  
(Specify whether years, months or days)

In this community 22 Hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Virginia (b) County Brunswick

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

(d) Street No. ....  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary E. Peters

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 Single

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

7. Birth date of deceased January 6 1943  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>22</u> hr. <u>-----</u> min.

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

10. Usual occupation Infant

11. Industry or business -----

12. Name Lieut. Carl H. Peters

13. Birthplace Appalachia Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Ruth G. Montgomery

15. Birthplace Basherville Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Carl H. Peters

(b) Address A.P.T.C., Fairfax Airport

17. (a) Burial (Burial, cremation, or removal) (b) Date of death Jan. 8, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Newcomer's Sons  
(b) Address 1401 Brush Creek Blvd.

19. (a) 1-8-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7th year 1943 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 5 1943 to Jan 7 1943 that I last saw her alive on Jan 7 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema (Cardiac failure)

Due to Premature labor 8 hrs antepartum

Due to Maternal Septicemia

Other conditions Swollen Pregnancy  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations None 159  
Of autopsy None

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? -----

While at work? (Specify type of place) (e) Means of injury -----

23. Signature Ralph R. White (M. D. or other) M.D.  
Address 231 W 47 Date signed 1/8/43

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

**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. 2640

P. O. Address Kansas City

**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.**