

FILED FEB 27 1943

Registration District No. 199

Primary Registration District No. 1002

Registrar's No.

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: K.C. General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 days (Specify whether  
In this community 40 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4028 Wayne (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Swan H. Peterson

(b) If veteran, name war no

(c) Social Security

487-07-0212

4. Sex male 5. Color or race wh. 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ida May Peterson 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased May 11 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 9-8 29 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

12. Name Adolph Peterson  
13. Birthplace Sweden (City, town, or county) (State or foreign country)  
14. Maiden name Annie Anderson  
15. Birthplace Sweden (City, town, or county) (State or foreign country)

16. (a) Informant Ida May Peterson  
(b) Address 4028 Wayne Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Febr. 13-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Eylar Funeral Home  
(b) Address 1800 Linwood K.C. Mo.

19. (a) 2-13-43 (Date received local registrar) (b) W. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11th  
year 1943 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from 2-6-43 19 to 2-11-43 19;  
that I last saw him alive on 2-11-43 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death Auricular Fibrillation

Due to 95a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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 of work? (Specify type of place) Means of injury  
23. Signature Dr. R. J. Johnson (M. D. or other)  
Address Dir. K.C. Gen. Hospital Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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..... *Chas Wilks*.....

Licensed Embalmer No. *2644*.....

P. O. Address. *1800 Pinewood*.....

**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.**