

FILED MAR 10 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6444
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 133
(b) Township Bethany Primary Registration District No. 3022 Registered No. 17
(c) City Bethany (d) Street No. 0 Bethany Hospital St. 1
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. / ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Floyd P. Peterson
(a) Residence, No. Rural - near Andover, Mo. St. (If nonresident, give city or town and State) 0
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
35 7 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. general farming
10. Date deceased last worked at this occupation (month and year) Feb 1/43 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rowley Iowa 1

13. NAME Chris Peterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark 4

15. MAIDEN NAME Mary Hansen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark 4

17. INFORMANT Mrs Eva Lane (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Lamoni Ia DATE 2/9/43 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rollin S. White
Lamoni Ia.

20. FILED Feb 7 1943 Zola M. Burris Local Registrar
Removal

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1943

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1943 to Feb 7 1943
I last saw him alive on Feb 7 1943. Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:

Uremia
13562
Other contributory causes of importance:
Paralysis of bladder
Spinal bifida occulta

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) H. P. Golden, M. D.
(Address) Bethany, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Rollin S. White

Licensed Embalmer No.....

3895

P. O. Address.....

Lamoni Ia

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, above space should be left blank.