

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 10 1943

Registration District No. 290

Primary Registration District No. 5987

Registrar's No. 394

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Swedeborg, Mo.
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years
In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pulaski
(c) City or town Swedeborg, Mo.
(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 0

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 23
year 1943 hour 9 minute 20 A. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Vollie Peterson
(c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 14, 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 23
1943 to Feb 23, 1943
that I last saw her alive on Feb. 23, 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>3</u>	<u>7</u>	hr. min.

Immediate cause of death:
1. Terminal chest injuries
2. Shock
Due to hit by freight train
at 8:25 A.M.
Due to 169-6
169-30

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

10. Usual occupation House wife

11. Industry or business
12. Name Kinamore
13. Birthplace Not known
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Not known
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: none made
Of operations: none made
Of autopsy: none made

16. (a) Informant Chas Kinamore
(b) Address 2121 Switzer Ave. St. Louis
17. (a) Burial (b) Date thereof 2/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crocker Cem.
18. (a) Signature of funeral director J. L. Hoops & Sons
(b) Address Crocker, Mo.
19. (a) 2-26-1943 (b) Chas M. Add
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 085
(b) Date of occurrence Feb. 23, 1943
(c) Where did injury occur? Swedeborg, Pulaski, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public
While at work? yes (Specify type of place) (e) Means of injury train
23. Signature C. J. Maltbie (M. D. or other)
Address Crocker, Mo Date signed 2-25-43

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

75
000

MOTHER FATHER

RECEIVED

Blaski County Health Officer

File Number 3-43-37

Date Filed 3-9-42

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 *Paul B. Hoops*

Licensed Embalmer No. 3261

P. O. Address *Grocker, Mo*

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.