

FILED APR 1943  
Registration District No. 199

Primary Registration District No. 1002

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 Research Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week  
(Specify whether years, months or days)

In this community 56 Years

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. 6533 East 56th Street  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mr. Erick J. Peterson

3. (b) If veteran, name war no.

3. (c) Social Security No. none

4. Sex Male

5. Color or Race White

6. (a) Single, widowed, married, divorced 2 divorces

6. (b) Name of husband or wife Hannah C Peterson

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

7. Birth date of deceased May 15 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 10 14 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Dairyman

11. Industry or business Retail 13 yrs.

12. Name Peter Jansson Peterson

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

14. Maiden name Anna Sjogren

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

16. (a) Informant Miss Anna Jansson

(b) Address 6533 E. 56

17. (a) Burial (b) Date thereof 3-31-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director W. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 3-31-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th  
year 1943 hour 11 minute 58 P. M.

21. I hereby certify that I attended the deceased from Mch. 20, 1943 to Mch. 29, 1943  
that I last saw him alive on March 29, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis and mitral regurgitation. Several years.

Cardiac failure. 7 days

Other conditions Chronic cholecystitis. Several yrs.  
(Include pregnancy within 3 months of death)

Major findings: None

Of operations \_\_\_\_\_

Of autopsy None

Duration

PHYSICIAN

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) (Means of injury)

23. Signature Herbert S. Valentine (M. D. or other) \_\_\_\_\_  
Address 1124 Prof. Bldg. K. C. Mo. Date signed 3/30/43

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

MOTHER FATHER

361

Professional Body

**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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.**