

Registration District No. 149

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: General Hospt. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one hour
(Specify whether
In this community 2 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1602 Centrail
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Peterson
(b) If veteran, name was Dont Know
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 18
year 43 hour 3:30 minute PM M.
21. I hereby certify that I attended the deceased from _____ 19____;
Crowne
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex m. 5. Color or race w. 6. (a) Single, widowed, married, divorced Dont know
6. (b) Name of husband or wife Dont know 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dont know
(Month) (Day) (Year)

Immediate cause of death Arteriosclerotic heart disease
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy Deficient food intake

8. AGE: Years Months Days If less than one day
Approx. 60. _____ hr. _____ min.
9. Birthplace Dont know ?
(City, town, or county) (State or foreign country)
10. Usual occupation Janitor

11. Industry or business none
12. Name dont know
13. Birthplace dont know ?
(City, town, or county) (State or foreign country)
14. Maiden name dont know
15. Birthplace dont know ?
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Coroners office
(b) Address Jackson County, Mo.
17. (a) Burial (b) Date thereof 3-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill Cem
18. (a) Signature of funeral director H. Rigerman & Sons
(b) Address K. C. MO
19. (a) 3/10/43 (b) In M Brown
(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) _____
(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) (c) Means of injury _____
23. Signature [Signature] (If D or other) _____
Address [Signature] Date signed 3/10/43

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

MOTHER FATHER

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