

FILED JUN 18 1948
 Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 128

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Rural - Blue Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
209 North Hawthorne - R.R. # 6, K.C. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 47 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 209 North Hawthorne - R.R. # 6, K.C.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ---

3. (a) PRINT FULL NAME Mr. Samuel Oscar Peterie

3. (b) If veteran, name war No 3. (c) Social Security No. 487-10-4727

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Fern Peterie 6. (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased January 21 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	3	12	br. min.

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

10. Usual occupation Machine Operator

11. Industry or business Penrod, Jordan & Clark

MOTHER FATHER { 12. Name Hiram C. Peterie
 13. Birthplace Quincy Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Shadow
 15. Birthplace Laredo Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Fern R. Peterie

(b) Address 209 N Hawthorne

17. (a) Burial (b) Date thereof May 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Cemetery

18. (a) Signature of funeral director D. Williams Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 5-4-1943 (b) Jamieson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd
 year 1943 hour 6 minute 55 P. M.

21. I hereby certify that I attended the deceased from 5-2-43
 1943 to 5-2-43 1943
 that I last saw him alive on 5-2- 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart

Due to Chronic Myocarditis 3 yrs.

Due to Arterio Sclerosis 3 yrs

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
 Of operations none
 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)
 (c) Means of injury ---

23. Signature M. C. Jamieson (M. D. or other) _____
 Address 6520 Indep. Ave Date signed 5-3-43

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

48 000

1165

Dr. [redacted] [redacted]
6520 Independence
1:30 - 5:20

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..... *K. O. Newcomer Jr*
Licensed Embalmer No..... *4043*
P. O. Address..... *K. O. 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.