

Registration District No. 149

Primary Registration District No. 1002

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

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:  
3943 Euclid, /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution no.  
(Specify whether  
 In this community 26 years  
years, months or days)

3. (a) PRINT FULL NAME Charles Peterson  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. no.

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mrs. Alice Peterson,  
 6. (c) Age of husband or wife if alive 74 years  
 7. Birth date of deceased May 14 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 3 10 hr. min.

9. Birthplace Sweden 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired,

11. Industry or business X

MOTHER FATHER { 12. Name Charles Peterson,  
 13. Birthplace Sweden, 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name Louise  
 15. Birthplace Sweden, 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Peterson,  
 (b) Address 3943 Euclid, Kansas City, Mo.

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof 8-26-43  
(Month) (Day) (Year)

(c) Place: burial Int. Mariah Cem.

18. (a) Signature of funeral director Stine & McClure,  
 (b) Address 3235 Gillham Plaza, K. C., Mo.

19. Aug 26, 1943 (b) [Signature]  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson, 48  
 (c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
 (d) Street No. 3943 Euclid  
(If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country X 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24th  
 year 1943 hour 11 P minute — M.  
 21. I hereby certify that I attended the deceased from Jan 30, 1935, to Aug 24, 1943,  
 that I last saw him alive on Aug 24, 1943,  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis 4yr  
 Due to: Hypertension 4yr  
 Due to: Chronic nephritis 4yr  
 Other conditions: 131/85  
(Include pregnancy within 3 months of death)

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

Major findings:  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (M. D. or other)  
 Address 210 Blaine and Blvd. K. C. Date signed 8/24/43

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**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..... *E. M. Plank* .....

Licensed Embalmer No. *1848* .....

P. O. Address..... *K. C. 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.**