

REG. AUG 25 1943
Registration District No. 375

Primary Registration District No. 6279

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Hartville Rural Gasconade
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At her home
10 miles S. W. of Hartville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) 15 months

3. (a) PRINT FULL NAME RUTH LOUISE PETERS

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George E. Peters 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 7 27 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>11</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George Kromphardt

13. Birthplace Hamilton Co. Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Rutz

15. Birthplace Hamilton Co. Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature George E. Peters

(b) Address Hartville Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-9-43
(Month) (Day) (Year)

(c) Place: burial or cremation Canton Ill.

18. (a) Signature of funeral director Gene G. Golden

(b) Address Hartville Mo.

19. (a) 7-9-1943 (Date received local registrar) (b) W. S. Johnson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 114

(a) State Mo. (b) County Wright

(c) City or town Hartville Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 10 miles S. W. of Hartville
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? Born in U.S.A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 7
year 1943 hour 5:00 minute 15 p.m.

21. I hereby certify that I attended the deceased from Jun 30 - 47
1943, to July 7, 1943
that I last saw her alive on July 2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 8 days
Due to Arterial Sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) J3u

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 J. A. Fuson (M. D. or other) _____

Address F. Mansfield Mo. Date signed 7-8-43

Duration
Physician
Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

Number of the Certificate 843-931

Date of Issue AUG 20 1926

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 Gene E. Haldren

Licensed Embalmer No. 3865

P. O. Address Hastville, 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, above space should be left blank.