

FILED DEC 13 1943

Registration District No. 107

Primary Registration District No. 3040

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
226 Bridge Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 226 Bridge Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA CHARLOTTE PETERSEN

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Marcus Petersen 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 22nd. 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>18</u>	_____ hr. _____ min.

9. Birthplace Stenderup, Denmark
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jenson

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

14. Maiden name Unknown

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

16. (a) Informant M. H. Petersen

(b) Address Chillicothe, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-'43
(Month) (Day) (Year)

(c) Place: burial or cremation Avalon, Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri.

19. (a) Nov 9-1943 (Date received local registrar) (b) Lou Ella Corry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7th.
year 1943 hour 2:00 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 15, 1943, to Nov 7, 1943
that I last saw her alive on Nov 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of Stomach

Duration

1 year

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

H6 b

Major findings:

Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other)

Address Chillicothe Mo Date signed 11/9-43

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

MOTHER FATHER

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.....

..... **E. R. Norman**, Registered Apprentice No.....
working under my personal supervision.

Signed..... *ER Norman*

Licensed Embalmer No..... **2374**

P. O. Address..... **Chillicothe, 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.