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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38814

Registration District No. 251 Primary Registration District No. 5853 Registrar's No. 172

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville (Rural) Polk Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 74
(a) State Missouri (b) County Nodaway
(c) City or town Maryville (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 8 miles N.E.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country ..... U

3. (a) PRINT FULL NAME Grant Elite Peters
3. (b) If veteran, name war no
3. (c) Social Security No. .....
4. Sex male
5. Color or race wjite
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased July 13 1894 (Month) (Day) (Year)

8. AGE: Years 49 Months 3 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Pottawattonie Co. Iowa / (City, town, or county) (State or foreign country)
10. Usual occupation invalid all life
11. Industry or business .....
FATHER
12. Name Nickolas John Peters
13. Birthplace Unknown Iowa / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Margaret Parish
15. Birthplace Pottawattonie Co. Iowa / (City, town, or county) (State or foreign country)
16. (a) Informant Nickolas John Peters
(b) Address Maryville Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam Cemetery
18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo
19. (a) Nov. 16-43 (Date received local registrar) (b) Amy Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7
year 1943 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from 10 AM to 5:30 PM 11-7th AM 1943, to 11-7th PM 1943
that I last saw him alive on Nov 7th 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart failure.	unknown
Due to Influenza	10 days
Due to	
Other conditions Invalidism (Include pregnancy within 3 months of death)	49 yrs

Major findings:
Of operations 33a
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? .....
(Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature L E Dean (M. D. or other) MD
Address Maryville Mo Date signed 11-12-43

(Licensed Embalmer's Statement on Reverse Side)

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.....Clem M Price.....

Licensed Embalmer No.....1822.....

P. O. Address.....Maywood M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.