S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41690

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1437

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp. No 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 years 1 mth 1 ool (Specify whether

In this community 4 years 1 mth 10 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town K. C. Kans City (If outside city or town limits, write "RURAL")

(d) Street No. 3808 Brooklyn Street (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME FRANK PETERSON.

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Peterson

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. (Month) 29 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	0	12	9 hr. ~~40A~~ min.

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

10. Usual occupation Jewelery Salesman

11. Industry or business

FATHER
12. Name Peter S. Peterson
13. Birthplace Sweden (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Matilda Olson
15. Birthplace Sweden (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs Mary Peterson (wife)

(b) Address 3808 Brooklyn Street, Kans. Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-10-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo.

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 802 Faraon, St Joseph, Mo.

19. (a) 12-10-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10th year 1943 hour 9 minute 40A M.

21. I hereby certify that I attended the deceased from December 9th 1943 to December 11th 1943 that I last saw him alive on December 11th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chr Uremia - Old age

Due to Cerebral Arteriosclerosis

Due to Psychosis with Cerebral Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 131 P
Of autopsy

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? F. A. Carnahan M.D. (Specify type of place)

While at work? (e) Means of injury

23. Signature State Hosp. No. 2 (M. D. or other)

Address St Joseph Mo Date signed 12-11-43

1283

(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.....Albert C. Harrington

Licensed Embalmer No..3258 Missouri

P. O. Address..St. Joseph, 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.