

S. No. 2
M-2-43
5-17-39
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42556

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

10 JAN 15 1944 / 46
Registered District No. _____

Primary Registration District No. 5568

Registrar's No. 345

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Blue Linn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rt 4 Independance
(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 2 weeks (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Waynesville
(c) City or town Kansas City, Mo. 144
(If outside city or town limits, write "RURAL")
(d) Street No. 839 So. 9 N.E. Kansas
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Hadwick Peterney

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Oct. 18 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 2 17 hr. min.

9. Birthplace unknown Poland
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
11. Industry or business at home

MOTHER FATHER { 12. Name unknown Starosta
13. Birthplace unknown Poland
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Zebbe
(b) Address Rt 4 Box 465 - Indep Mo

17. (a) Burial (b) Date thereof 12-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Gep. C. Carson
(b) Address Independence, Mo.

19. (a) 12-27-43 (b) Jamieson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25
year 43 hour 11:40 AM

21. I hereby certify that I attended the deceased from Crown, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease
Duration _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____
Of autopsy hepatitis & splenomegaly

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 OSTETH 3 2/27/44
Address Law Date signed 3

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

• 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

George C. Carson

Licensed Embalmer No. *2249*

P. O. Address *Indep. 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.