

FILED FEB 11 1944

Registration District No. 53

Primary Registration District No. 3011

Registrar's No. 2

1. PLACE OF DEATH:

(a) County: Carroll
(b) City or town: Carrollton
(c) Name of hospital or institution: State Clinic
(d) Length of stay: In hospital or institution 2 days

In this community
years, months or days

3. (a) PRINT FULL NAME: Peter Donius

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

4. Sex: M. 5. Color or race: W. 6. (a) Single, widowed, married: Married
6. (b) Name of husband or wife: Emma Kaiser 6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: Oct. 4 1861

8. AGE: Years 82 Months 2 Days 28

9. Birthplace: Red Bud Ill

10. Usual occupation: Farming

11. Industry or business: Unknown
12. Name: Unknown
13. Birthplace: Unknown
14. Maiden name: Unknown
15. Birthplace: Unknown

16. (a) Informant: Carl Donius
(b) Address: Carrollton Mo.

17. (a) Burial (b) Date thereof: 1-3-44
(c) Place: burial or cremation: Oak Hill Cem

18. (a) Signature of funeral director: Standard
(b) Address: Carrollton Mo.

19. (a) 1-3-44 (b) Registrar's signature: Mrs. James R. Ruffey

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Carroll
(c) City or town: Rural
(d) Street No.:
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 1 year: 1944 hour: 6 minute: 15 P.M.

21. I hereby certify that I attended the deceased from Dec. 29 to Jan 1 that I last saw him alive on Jan 1 and that death occurred on the date and hour stated above.

Immediate cause of death: Double Lobar pneumonia due to flu

Due to: Due to: Other conditions: 730

Major findings: Of operations: Of autopsy: PHYSICIAN

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: J. Hamilton Station Registrar's signature: Mrs. James Ruffey

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

17
1
1

1052

RECEIVED

District Health Officer No. 3,

District File Number

Date Filed

2-8-64

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.....

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.