

FILED MAR 6 1944

State File No. _____
Registrar's No. 806

Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
 (a) County... Jackson
 (b) City or town... Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 1008 East 26th St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... XX
(Specify whether years, months or days)
 In this community... 8 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State... Missouri (b) County... Jackson
 (c) City or town... Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No... 1008 East 26th St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT MRS. CLARA V. PETERSON
FULL NAME

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

4. Sex... Fe
 5. Color or race... Wh
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife... Chas. J. Peterson
 6. (c) Age of husband or wife if alive... XX years
 7. Birth date of deceased... October 20 1855
(Month) (Day) (Year)

8. AGE:
 Years 88 Months 34 Days 28
 If less than one day hr. _____ min.

9. Birthplace... Columbus Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation... At Home

11. Industry or business

MOTHER FATHER

12. Name... Ira Frost
 13. Birthplace... New York
 14. Maiden name... Sarah Beckeley
 15. Birthplace... New York
(City, town, or county) (State or foreign country)

16. (a) Informant... Minnie B. Zaerr
 (b) Address... 1008 East 26th St.

17. (a) Removal... (b) Date thereof... 2-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation... Mason City, Ill

18. (a) Signature of funeral director... W. Wagner
 (b) Address... Kansas City, Mo.

19. (a) 2-18-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Feb. day... 18th
 year... 1944 hour... 6: minute... 45 A.M.

21. I hereby certify that I attended the deceased from 1-20-44 to 2-18-44
 that I last saw her alive on 2-17-44 and that death occurred on the date and hour stated above.

Immediate cause of death... Acute Septicemia
 Duration... 1 week

Due to... Infectious Eczematoid Dermatitis with Ludwig's Angina
 Other conditions... Cardiac Decompensation
 Major findings: NONE
 Of operations: NONE
 Of autopsy: NONE

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)... NONE
 (b) Date of occurrence...
 (c) Where did injury occur?... NONE
(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... Date signed... 2/18/44

Dr. George Black
11-2463
Dr. 189

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 *Cecil R Matthes*

Licensed Embalmer No. *3807*

P. O. Address *Kansas City, 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.