

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location) 2 Days
(d) Length of stay: In hospital or institution 2 Days
In this community 2 Days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL") 1417 Bouchelle Ave.
(d) Street No. 1417 Bouchelle Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME BABY BOY PETERS

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 0

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 12 - 31 - 1943 years

7. Birth date of deceased (Month) (Day) (Year)

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

9. Birthplace Columbia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER {
12. Name Henry Peters
13. Birthplace Little Rock Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Lemoyne Wille
15. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Peters
(b) Address 1417 Bouchelle Ave.

17. (a) Burial (b) Date thereof 1-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Career Funeral Service
Columbia, Mo.
(b) Address

19. (a) 1-3-1944 (b) C. Adna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1944 hour 10 AM minute 0 M.

21. I hereby certify that I attended the deceased from Jan 1 1944 to Jan 2 1944
that I last saw him alive on Jan 2 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration
Patent Ductus Arteriosus

Due to Patent Ductus Arteriosus

Due to Patent Ductus Arteriosus
Other conditions enlarged thyroid
(Include pregnancy within 3 months of death)

Major findings: Of operations 157e
Of autopsy yes 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) (e) Means of injury 0
While at work

23. Signature Stephen D. Hunt (M. D. or other)
Address Columbia Date signed

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

10
22
4

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.....

P. O. Address.....

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.