

Registration District No. 128 Primary Registration District No. 200D

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

1. PLACE OF DEATH:  
(a) County. GREENE  
(b) City or town. Springfield  
(c) Name of hospital or institution: Burge Hospital  
(d) Length of stay: In hospital or institution. 87 days  
In this community. 12 years.

2. USUAL RESIDENCE OF DECEASED: 39  
(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(d) Street No. 2034 Kings  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lawise D. Peterson  
(b) If veteran, name war. None (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 1<sup>st</sup>  
year 1944 hour 6:00 minute PM M.

4. Sex Female Color or race White  
6. (b) Name of husband or wife A. Edward Peterson  
7. Birth date of deceased July 13, 1871

21. I hereby certify that I attended the deceased from April 24, 1933, to Feb. 1, 1944; that I last saw her alive on Feb. 1, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 6 Days 18 If less than one day hr. min.

Immediate cause of death Metastatic Carcinoma of the liver  
Due to Carcinoma of the Cervix  
Duration 6 1/2 MO  
7 yrs

9. Birthplace Brighton Iowa  
10. Usual occupation At home

Other conditions HSA  
Major findings: Of operations \_\_\_\_\_  
Of autopsy None  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name David S. Robinson  
13. Birthplace Unknown Unk. 9  
14. Maiden name Elizabeth Day  
15. Birthplace Unknown Unk. 9

16. (a) Informant Mrs. Carl D. Schlusser  
(b) Address 2034 Kings, Springfield Mo  
17. (a) Burial (b) Date thereof 2-13-44  
(c) Place: burial or cremation Haywood Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Albert J. ...  
(b) Address Springfield Mo  
19. (a) 2-2-44 (b) W. S. ...

23. Signature Betty R. Webb (M. D. or other) \_\_\_\_\_  
Address Springfield Mo Date signed 2/2/44

**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 Harlow Knabb

Licensed Embalmer No. 4065

P. O. Address Springfield, 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.**