

FILED APR 7 1944
Registration District No. 1002

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 27 days
(Specify whether)

In this community unknown
years, months or days

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. 3301 Holmes
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert Peter

3. (b) If veteran, name war World No 1

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race wh 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased Sept. 16, 1893
(Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Lab

11. Industry or business City Water Dept

12. Name John W. Peltier

13. Birthplace Penn
(City, town, or county) (State or foreign country)

14. Maiden name Aloncia Warren

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ches Gabel

(b) Address 315 Maple Lawrence, Kan

17. (a) Burial (b) Date thereof 3/23/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wedgworth, Kan

18. (a) Signature of funeral director Ernest Mayhew

(b) Address 2315 Linnwood

19. (a) 3-23-44 (b) T. E. Brown (N3)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1944 hour 2 minute 50 P.M.

21. I hereby certify that I attended the deceased from December 22, 1944 to March 20, 1944; that I last saw him alive on March 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 445

Of autopsy See above

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) _____

(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) (c) Means of injury 0

23. Signature A. E. Washburn (Registrar's signature) D. M. O.
Address 28 M. Coy. Date signed 3-21-44

MAY 4 1944

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..... *Ray E Snow*
Licensed Embalmer No. *2560*
P. O. Address *R E M*

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.