

FILED JUL 20 1944
Registration District No. 15

Primary Registration District No. 3015

Registrar's No. 35

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

25
1
1

1. PLACE OF DEATH:

(a) County CLINTON

(b) City or town CAMERON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
519 N. CHESTNUT, ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO
(Specify whether)

In this community Life time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLINTON 25

(c) City or town CAMERON
(If outside city or town limits, write "RURAL")

(d) Street No. 519 N. CHESTNUT
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MINNIE MAE PETERS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex <u>FEMALE</u>	5. Color or race <u>WHITE</u>	6. (a) Single, widowed, married, divorced <u>MARRIED</u>
6. (b) Name of husband or wife <u>DR. M. L. PETERS</u>	6. (c) Age of husband or wife if alive <u>71</u> years	
7. Birth date of deceased <u>AUGUST</u> (Month)	<u>5</u> (Day)	<u>1878</u> (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>10</u>	<u>21</u>	hr. _____ min.

9. Birthplace CALDWELL Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name Geo W. Longstreth

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

14. Maiden name Nancy Scott

15. Birthplace Clinton Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. R. Peters

(b) Address Cameron MO

17. (a) Burial (b) Date thereof 6-29-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenland

18. (a) Signature of funeral director Palmer Funeral Home

(b) Address Cameron Mo

19. June 28, 1944 (Date received local registrar) (b) Mrs. Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 26
year 1944 hour 3:00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from June 10
1944 to June 26 1944
that I last saw her alive on June 26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusionary

Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations 9/4a

Of autopsy _____

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) (e) Means of injury _____

23. Signature J. R. Peters M.D. (M. D. or other)
Address Cameron Mo Date signed 6/28/44

JUL 14 1948

66 this copy

APR 7 1948

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..... *J. L. Fisher*

Licensed Embalmer No. *3960*

P. O. Address *Wayville 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.