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V. S. No. 2
50M-542
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 602

FILED AUG 9 1944

Registration District No. 120

Primary Registration District No. 2000

39
2
6

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Talk 84

(c) City or town Bolivar 210 Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 1 1/2 miles East of Bolivar
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a). PRINT FULL NAME Ray C. Peterson

3. (b) If veteran, name war World War # 1

3. (c) Social Security No. UNK.

4. Sex male race white

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Verma Lee Peterson

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased July 3, 1896
(Month) (Day) (Year)

8. AGE: Years 48 Months 0 Days 15
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name H. F. W. Peterson

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

14. Maiden name Susan Morrow

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

16. (a) Informant Bert V. Peterson (Brother)

(b) Address Half way, Missouri

17. (a) Personal (Burial, cremation, or removal)

(b) Date thereof July 18, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Bolivar Mo.

18. (a) Signature of funeral director Arwin Blue

(b) Address Bolivar Mo.

19. (a) 7-18-44 (Date received local registrar)

(b) S. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1944 hour 11:30 minute 9 M.

21. I hereby certify that I attended the deceased from July 15 1944, to July 18 1944
that I last saw him alive on 7/18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Tetanus
5d.
Duration

Due to Dog bite on foot.
(not rabid)

Due to _____

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

Major findings: 188
Of operations 99

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) Means of injury _____

23. Signature Arwin Blue M. D. or other _____
Address Springfield, Mo. Date signed 7/18/44

AUG 24 1944

AUG 16 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

William B. Erwin

Licensed Embalmer No.

3092

P. O. Address

Baliak, 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.

X