V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26951

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 3477

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month (Specify whether years, months or days)
In this community 1 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 94
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. 333 N. Water St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Garnett Mason Peters
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hazel Peters
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased May (Month) 31 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
74	1	26	hr. min.

9. Birthplace Providence (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Insurance Executive
11. Industry or business Clay County Insurance Co
FATHER 12. Name Thomas R. Peters
13. Birthplace Clay Co. (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Mary Best
15. Birthplace Clay Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Hazel Peters
(b) Address 333 N. Water St. Liberty, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/1944 (Month) (Day) (Year)
(c) Place: burial or cremation Fairveiw Cem. Liberty
18. (a) Signature of funeral director O. Carden Jr.
(b) Address 119 E. Franklin St. Liberty, Mo.
19. (a) 8-25-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1944 hour 12 minute 10 A.M.
21. I hereby certify that I attended the deceased from August 1937, to July 27 1944 that I last saw him alive on July 26 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Failure	6 hours
Due to Arteriosclerosis	Indef.
Due to	
Other conditions (Include pregnancy within 3 months of death) Diabetes Mellitus	5 yr.

Major findings:
Of operations 0
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? (Specify type of place)
While at work? (c) Means of injury 0
23. Signature Glenn W. Hendrson (M. D. or other)
Address Liberty Mo Date signed 8/27/44

(Licensed Embalmer's Statement on Reverse Side)

48 3 8

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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 O J Carden Jr

Licensed Embalmer No. 3934

P. O. Address Liberty, 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.