

FILED SEP 9 1944
Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 105

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

1. PLACE OF DEATH:
 (a) County Vernon
 (b) City or town Nevada Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
724. W. Walnut - 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days 2 1/2 yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Vernon
 (c) City or town Nevada
(If outside city or town limits, write "RURAL")
 (d) Street No. 724. W. Walnut -
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Edward P. Peterson
 3. (b) If veteran, name war no 3. (c) Social Security No. 702-18-7171

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 30th
 year 1944 hour 1 minute 30 P. M.
 21. I hereby certify that I attended the deceased from Feb
17, 1944 to Aug 30, 1944
 that I last saw him alive on Aug 30, 1944,
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Emma Peterson 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased Dec 3rd 1877
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 1 day
 Due to not known

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>8</u>	<u>27</u>	hr. / min.

Due to not known

9. Birthplace Green Reno!
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired

Other conditions hypertension Don't know.
(Include pregnancy within 3 months of death)

MOTHER FATHER
 11. Industry or business _____
 12. Name Charles Peterson
 13. Birthplace Vermont
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Lawrence
 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

Major findings:
 Of operations 83a!
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Emma Peterson
 (b) Address Nevada Mo
 17. (a) Burial (b) Date thereof 9-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Washington
 18. (a) Signature of funeral director Richard J. Bensch
 (b) Address Nevada Mo
 19. (a) 8-1-44 (b) Richard B. Bensch
(Date received local registrar) (Registrar's signature)

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? _____ (e) Means of injury _____
 23. Signature W. Stove (M. D. or other) MD
 Address Aug 31 Nevada Mo signed Aug 31/44

FEB 10 1945

RECEIVED

District Health Officer No. 71

District No. 18-44-998

Date Filed 9-7-44

AUG 9 1945

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 *Marsh Eichenauer*

Licensed Embalmer No. *2636*

P. O. Address *Nevada, 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.