S. No. 2
M—8-13
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6581

Registration District No. 200 Primary Registration District No. 5723 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Macon

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

(c) Name of hospital or institution: 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. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

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

(d) Street No. — (If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME William M Peterson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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 Dec 22 — 1878 (Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 20 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James M Peterson
13. Birthplace Macon Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Nancy J Vestal
15. Birthplace Putnam Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant James Vestal

(b) Address R 2 Bevier Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/45 (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Albert Skifman

(b) Address Macon Mo

19. (a) 3/3/45 (Date received local registrar) (b) Nora B. Hunkler (Registrar's signature)

1051

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 12 year 1945 hour 12:10 minute P M.

21. I hereby certify that I attended the deceased from — , 19 , to — , 19 ; that I last saw h — alive on — , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Found dead in field near home. Had been sowing seed with hand sower.

Due to

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

Major findings:
Of operations — 0 3 0
Of autopsy

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 2-12-45

(c) Where did injury occur? Macon Rural (City or town) Macon (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm (Specify type of place)

While at work? yes (e) Means of injury Heart attack

23. Signature H. G. Edwards Coroner (M.D. or other)

Address Bevier Mo Date signed 2/13/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-45-487
Date Filed MAR 8 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 Albert S. Kummer

Licensed Embalmer No. 751

P. O. Address Macon 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.