

No. 2
-2-43
5-17-39
X35897

FILED JUL 17 1945
Registration District No. _____

Primary Registration District No. **1002**

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

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:
2447 Elmwood Avenue /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community **35 Years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson** **48**
 (c) City or town **Kansas City** **5**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2447 Elmwood Avenue** **8**
(If rural, give location)
 (e) Citizen of foreign country? **NO.** **0**
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Christine PETERSON**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **No.**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **1 st**
 year **1945** hour **11:45** minute **A.M.**

4. Sex **Female/** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Widow?**
 6. (b) Name of husband or wife **William Peterson** 6. (c) Age of husband or wife if alive **XX** years
 7. Birth date of deceased **March 27th, 1853**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec - 1944** to **June 30 - 1945**
 that I last saw him **alive on June 20 - 1945**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	92	3	4	hr. min.

Immediate cause of death
Circulatory failure

9. Birthplace **Aero, DK DENMARK 4**
(City, town, or county) (State or foreign country)
 10. Usual occupation **At Home**

Due to **Myocardial degeneration**
 Due to **senility**

11. Industry or business _____
 12. Name **H. Hansen**
 13. Birthplace **Denmark 4**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary Andersen**
 15. Birthplace **Denmark 4**
(City, town, or county) (State or foreign country)

Other conditions
(Include pregnancy within 3 months of death) **93 12**

16. (a) Informant **Mr. H.H. Peterson**
 (b) Address **2447 Elmwood, K.C. Mo.**

Major findings:
 Of operations _____
 Of autopsy _____

17. (a) **Burial** (b) Date thereof **7/3/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place; burial or cremation **Forest Hill Cem. Melody-McGilley-Eylar**
 18. (a) Signature of funeral director **1800 Linwood, K.C. Mo.**
 (b) Address **7-3-45**
 19. (a) **7-3-45** (b) **Geraldine Holmes**
(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 **Paul V. Jones** (M.D. or other) **J.P.O.**
 Address **100 1/2 N. Polk** Date signed **7-2-45**

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.....

Licensed Embalmer No. *2979*

P. O. Address..... *KC*

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.