S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38022

State File No.

FILED DEC 26 1945

Registration District No. Primary Registration District No. 5818 Registrar's No. 46

1. PLACE OF DEATH:

(a) County MORGAN (b) City or town RURAL [redacted] TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MORGAN

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

(d) Street No. N.E. STOVER
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME TOBIAS PETERS

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 JAN. 13 1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	10	10	hr. min.

9. Birthplace LIVINGSTON CO. ILL. (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER 12. Name HENRY PETERS

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

MOTHER 14. Maiden name LENA GRENWALD

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

16. (a) Informant J. PETERS

(b) Address VERSAILLES MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-25-1945 (Month) (Day) (Year)

(c) Place: burial or cremation STOVER CEM.

18. (a) Signature of funeral director J. L. Stevenson

(b) Address Stover Mo.

19. (a) 11-24-1945 (Date received local registrar) (b) Roy Berkstresser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 23RD year 1945 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 15 1945, to Nov 23 1945, that I last saw him alive on Nov 21 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	5 or 6 da
Due to hypertrophy prostate	Several years
Due to	
Other conditions (Include pregnancy within 3 months of death) Blind + Senile	—

Major findings:
Of operations hypertrophy prostate
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? (e) Means of injury

23. Signature S. L. Washburn (M. D. or other) M.D.

Address Versailles Mo Date signed 11/24/45

1029

(Licensed Embalmer's Statement on Reverse Side)

RE[illegible] [illegible]ar No. 7,
D[illegible] 11-45-1215
[illegible]
Date Filed 12-11-45

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 J. L. Stevinson

Licensed Embalmer No. 4073

P. O. Address Stover, 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.