S. No. 2
M—8-43
. 5-17-39
P I X37823

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

State File No. 40225

FILED DEC 21 1945

Registration District No. 1 1

Primary Registration District No. 1002

Registrar's No. 5039

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
2432 Agnes His Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Ka nsas City Mo 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2432 Agnes 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country no

3. (a) PRINT FULL NAME William S. Peterson

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary E Peterson

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased April I5 I870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	7	2I	hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Meat Cutter

11. Industry or business S. Mayer & Co

FATHER
12. Name Jarrett Peterson
13. Birthplace Ky 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown a
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Peterson 1

(b) Address 2432 Agnes

17. (a) Burial (b) Date thereof I2-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address Kansas City Mo

19. (a) 12-7-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th
year I945 hour 6 minute P M.

21. I hereby certify that I attended the deceased from
1 April 17, 1945 to Dec 6, 1945
that I last saw him alive on Dec 6, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	2 days
Due to Arterio sclerosis	
Due to —	
Other conditions — (Include pregnancy within 3 months of death) 94a	
Major findings: Of operations —	
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 Robert Janson (M. D. or other) MD

Address 2220 E 31st St Date signed 12-7-45

(Licensed Embalmer's Statement on Reverse Side)

Dr Robt Jansen
2220 East 31st
L1 1818

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 Chas E Wilks

Licensed Embalmer No. 2644

P. O. Address Kansas City 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.