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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

State File No. 1673

FILED JAN 31 1946

Registration District No. 1119 Primary Registration District No. 1002 Registrar's No. 130

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 11 days (Specify whether
In this community 1½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1111 E. 42 St. 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Pearl Leona Peterson

3. (b) If veteran, name war xx

3. (c) Social Security No. None

4. Sex Fe 1

5. Color or race Wh

6. (a) Single, widowed, married, divorced Sgl 0

6. (b) Name of husband or wife xx

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

7. Birth date of deceased August (Month) 27 (Day) 1895 (Year)

8. AGE: Years 50 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Saffordville (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business

FATHER
12. Name Frank Peterson
13. Birthplace Stockholm (City, town, or county) Sweden 4 (State or foreign country)

MOTHER
14. Maiden name Nellie Harris
15. Birthplace (City, town, or county) Kansas 1 (State or foreign country)

16. (a) Informant J.E.Peterson
(b) Address 4374 W. 58th St.Mission,Ks

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-46 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director J.W.Wagner
(b) Address Kansas City, Mo.

19. (a) 1-8-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5
year 1946 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 26, 1945, to Jan. 5, 1946;
that I last saw him alive on Jan. 5, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of breast with metastases	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 50	

Major findings:
Of operations
Of autopsy None

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 Clark W. Seelig (M. D. or other)
Address Med. Dir., Gen'l Hosp. Date signed 1-7-46

(Licensed Embalmer's Statement on Reverse Side)

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 Alvin R Hamschild

Licensed Embalmer No. 4159

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.