No. 2
-8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6436

Registration District No. 201 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County Macon Independence Twp

(b) City or town Atlanta Mo
(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
In this community 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 61

(c) City or town Atlanta (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Myrtle B. Peterson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John J. Peterson

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Nov. 11 - 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	2	8	hr. ✓ min.

9. Birthplace Clinton Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business George J Hadley

FATHER
12. Name Ny /
13. Birthplace
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Arvilla Rhodes
15. Birthplace Ny. /
(City, town, or county) (State or foreign country)

16. (a) Informant Cora Bond
(b) Address Atlanta Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-46
(Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Cemetery

18. (a) Signature of funeral director Hm Budding
(b) Address Atlanta Mo /

19. (a) 1-20-46 (Date received local registrar) (b) Mrs O. B. Griffin /
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1946 hour 7 minute a. M.

21. I hereby certify that I attended the deceased from June 1939
[redacted], 19[redacted], to Jan 19, 1946
that I last saw her alive on Jan 18, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Valvular disease of the heart	
Due to Glycosuria	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 92d	

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 0

23. Signature G. C. Lyda (M. D. or other)

Address Atlanta Missouri Date signed 1-21-46

186 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-46-388
Date Filed MAR 7 1946

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 H M Goodding, Registered Apprentice No. ....., working under my personal supervision.

Signed H. M. Goodding

Licensed Embalmer No. 1750

P. O. Address Atlanta 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.

No. 2B
M—3-45
I X43880

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. Mar

Registration District No. 201 Primary Registration District No. 5734 Registrar's No.

1. PLACE OF DEATH:

(a) County Macon

(b) City or town rural - Independence 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 Mo (b) County Macon

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

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Myrtle B Peterson

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 11 (Day) 1882 (Year)

8. AGE: Years 63 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name George J. Hadley

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

14. Maiden name Arvilla Rhodes

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

16. (a) Informant Cora Bond

(b) Address Atlanta, Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 1-21-46 (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Cemetery

18. (a) Signature of funeral director

(b) Address

19. (a) 1-20-46 (Date received local registrar) (b) Mrs O B Griffin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day year 1946 hour minute 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.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 G. C. Fyder (M. D. or other)

Address Atlanta Date signed

SUPPLEMENTARY

6436.