

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13314
Registrar's No. 1769

FILED APR 29 1946
Registration District No. 149

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:
General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community 15 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4/9

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

(d) Street No. 40 E. 32 St. 8
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Maude Peters

3. (b) If veteran, name war No

3. (c) Social Security No. 487-09-6036

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1946 hour 8 minute 50 P.M.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Walter Peters

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased 4 16 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 10 19 46, to April 14 19 46
that I last saw her alive on April 14 19 46
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

58 11 28 hr. 28 min.

Immediate cause of death Ca. of the lungs 47 d
Duration _____

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

10. Usual occupation Seamstress

Due to _____

Due to _____

11. Industry or business Lucy Drage Incorporated.

12. Name ***** Grant

13. Birthplace No Record 9
(City, town, or county) (State or foreign country)

14. Maiden name No R cord

15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

Other conditions 47 d
(Include pregnancy within 3 months of death)

16. (a) Informant Mr. Walter Peters

(b) Address 40 East 32nd, Street

Major findings: 47 d
Of operations _____

Of autopsy See above

17. (a) Removal (b) Date thereof 4-15-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin, Missouri

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? _____

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

While at work? _____ (Specify type of place)

(e) Means of injury 0

19. (a) 4-15-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature Wm W. Hart (M. D. or other) 4-15-46
Address Med. Dir. Gen'l Hosp. Date signed _____

