

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13315

State File No.

FILED APR 22 1946

Registration District No. 189

Primary Registration District No. 1002

Registrar's No.

1705

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: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days)
In this community 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, MO
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1423 Virginia
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Roy A. Peterson

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs. Vera V. Peterson, 6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased July 12 1891
(Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 26 If less than one day hr. min.

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

10. Usual occupation Manufacturer Welding Equip

11. Industry or business x

MOTHER FATHER { 12. Name John Peterson
13. Birthplace Sweden
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Engle
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant D. R. Peterson,
(b) Address 4240 W. 53rd, Overland Park, Kansas

17. (a) burial (b) Date thereof 4-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Met. Monah

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-10-46 (b) Therald Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from Pathologist 19 to 19 to
that I last saw him alive and that death occurred on the date and hour stated above.

Immediate cause of death: cardiac debilitation (uremia) Duration

Due to Chronic Glomerulonephritis

Due to severe

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations 130

Of autopsy above

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?

While at work? (Specify type of place) (e) Means of Injury

23. Signature Jadewell (M. D. or other) M. D.

Address Trinity Lutheran Hosp. Date signed 9 Apr 46

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

12221

SEP 30 1949
STATE OF MISSOURI

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.