

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1946
FILED MAY 20 1946 STANDARD CERTIFICATE OF DEATH

State File No. 16794
Registrar's No. 2090

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:
31st & Cleveland
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24
 (c) City or town Crestview Add. Clay Co Mo 0
(If outside city or town limits, write "RURAL")
 (d) Street No. 421 E 45th St
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME David E Peterson

3. (b) If veteran, name war yes world war II 3. (c) Social Security No. none
492-18-4985

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Theresa M Peterson 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased July 29 1909
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 6
 year 1946 hour 10:35 minute P M.

21. I hereby certify that I attended the deceased from 1 Comm, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>9</u>	<u>7</u>	hr. _____ min. _____

Immediate cause of death Crushed skull

Due to Multiple Fractures of arms

Due to Chest & legs

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

9. Birthplace Kansas City Mo U
(City, town, or county) (State or foreign country)

10. Usual occupation Tavern Owner

MOTHER, FATHER

11. Industry or business _____

12. Name Isaac Peterson

13. Birthplace Preston Mo
(City, town, or county) (State or foreign country)

14. Maiden name Emily Erickson

15. Birthplace Mo U
(City, town, or county) (State or foreign country)

Major findings: Of operations 170b-8

Of autopsy no 24
Husley & Immanuel

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant mo Theresa Peterson
 (b) Address 421 E 45th St. Clay County Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-46
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Quinn & Tabor Co
 (b) Address 20 W. Linwood

19. (a) 5-8-46 (Date received local registrar) (b) E. Geraldine Holmes (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 5-6-46 12:3

(c) Where did injury occur? Ice. Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? no (Specify type of place) (e) Means of injury auto fall

23. Signature J. M. Walker (M. D. or other) 3
 Address 1924 1st St. Mo Date signed 5-7-46

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..... *Charles M. Curtis*

Licensed Embalmer No. *3984*

P. O. Address. *20 W. Linwood*

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.