. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

17166

State File No.

FILED MAY 17 1946

Registration District No. Primary Registration District No. 5644 Registrar's No. 26

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Camden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 32 mi S. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 32 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette 54
(c) City or town Camden mo Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Pete Peterson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race N
6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years abt 76 Months Days If less than one day hr. min.

9. Birthplace Sweeden 4
(City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business Laborer
FATHER
12. Name Not Known 9
13. Birthplace " " 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Not Known
15. Birthplace " " 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mr Wm Hoffman
(b) Address Camden, Mo
17. (a) Burial (b) Date thereof 4-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lexington
18. (a) Signature of funeral director Harris Tempel
(b) Address Lexington, Mo
19. (a) 13 May 46 (b) Norman E Eaton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1946 hour 9 PM minute M.
21. I hereby certify that I attended the deceased from called as city coroner, 19, to 4-11, 1946;
that I last saw alive on, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Probably coronary O C Clinton

Due to History of pain in chest & short [illegible] breath past year

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no autopsy

Duration

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 W M Martin City Coroner (M.D. or other)
Address Odessa Mo Date signed 4-11-46

156

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number
Date Filed 5-16-46

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 Geo. McKean

Licensed Embalmer No. 2983

P. O. Address Lexington, 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.