

No. 2
-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI

FILED SEP 10 1946

STANDARD CERTIFICATE OF DEATH

State File No. 26586

Registration District No. 70

Primary Registration District No. 5286

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Wyaconda, Mo. Sp.
(c) Name of hospital or institution
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Clark 23
(c) City or town Wyaconda Sp.
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Arlene Ruth Peterson

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased Nov. 18, 1939
(Month) (Day) (Year)

8. AGE: Years 6 Months 9 Days If less than one day
hr. min. 0

9. Birthplace Clark Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Coleman Peterson

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

14. Maiden name Ola Goodson

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

16. (a) Informant Coleman Peterson

(b) Address Wyaconda, Mo

17. (a) Burial (b) Date thereof Aug 23 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wyaconda cemetery

18. (a) Signature of funeral director Ruth Peterson

(b) Address Wyaconda, Mo

19. (a) 8/29-46 (b) H. Bridges
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1946 hour 3 minute 2 A.M.
21. I hereby certify that I attended the deceased from Jan 1 1942 to Aug 23 1946
that I last saw her alive on Aug 22 1946 and that death occurred on the date and hour stated above.

Immediate cause of death acute glomerulonephritis Duration

Due to influenza

Due to 33 B

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?

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

23. Signature B. F. Hutchinson, M.D. Address Wyaconda, Mo Aug 24 1946

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 9-46-164H
Date Filed SEP 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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed..... *Geo. V. Bossett*

Licensed Embalmer No. *1817*

P. O. Address *Wyeonda, In*

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.