

No. 2  
1-5-43  
5-17-39  
1 X36871

FILED SEP 3 1946 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 7

Primary Registration District No. 3012

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Excelsior Springs Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25  
(c) City or town Elmira 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 1  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM EUGENE PETERMAN

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 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 \_\_\_\_\_ years

7. Birth date of deceased Aug. 20 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
21 hr. 20 min.

9. Birthplace Excelsior Springs Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business Infant

12. Name Woodford H. Peterman

13. Birthplace Clinton County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Hazel Pearl Ritter

15. Birthplace Ray County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant W. E. Peterman

(b) Address Lawson, Missouri

17. (a) Burial (b) Date thereof 8-22-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawson, Missouri

18. (a) Signature of funeral director Prichard-Jarman

(b) Address Lawson, Missouri

19. (a) 8/23/46 (b) Caroline Hutchings  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21st.  
year 1946 hour 12 minute 05 P. M.

21. I hereby certify that I attended the deceased from Aug 20 - 1946  
to Aug 21 1946  
that I last saw him alive on Aug 21 - 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Failure of to close  
Parameu ovals Duration 20 hours

Due to malformation of  
Parameu ovals

Other conditions 157E  
(Include pregnancy within 5 months of death)

Major findings: Of operations not made

Of autopsy not made

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)  
(b) Means of injury 0

23. Signature John F. Grace (M. D. or other) M.D.  
Address Excelsior Springs Mo Date signed 8-21-46

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

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

MOTHER FATHER

62

RECEIVED

Herbert No. 8

.....

8-31-41

---

---

**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.....

*Robert L. Ray*

Licensed Embalmer No.....

P. O. Address.....

*Excelsior 999 No.*

**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. --