

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 178

Primary Registration District No. 4281

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town Canton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

(c) City or town Canton, Missouri /  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Meritt Otto Peterson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 493-0508476A

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

6. (b) Name of husband or wife Olga Peterson 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: October 5 1889  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>11</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace La Belle Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Broommaker

11. Industry or business \_\_\_\_\_

12. Name Henry Peterson

13. Birthplace Penns. Sprague  
(City, town, or county) (State or foreign country)

14. Maiden name Abbie

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

16. (a) Informant Mrs. M. D. Peterson  
(b) Address Canton Missouri

17. (a) Ma Barial (b) Date thereof 9/15/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Belle Missouri

18. (c) Signature of funeral director J. W. Jennings  
(b) Address Canton Missouri

19. (a) \_\_\_\_\_ (b) J. W. Jennings, M. D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 12<sup>th</sup>  
year 1946 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from Oct 22 - 1945 to Sept 12, 1946  
that I last saw him alive on Sept 11, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral thrombosis Duration 2 wks.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Benign prostatic hypertrophy + hypertension  
(Include pregnancy within 3 months of death)

Major findings: 83B  
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 Samuel Buchanan (M. D. or other) MD  
Address Canton, Mo. Date signed 9/14/46

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

32803

16  
10

RECEIVED

District Health Officer No. 10

District File Number 10-46-1978

Filed OCT 31 1948

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 Myself

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed: [Signature]

Licensed Embalmer No. 328

P. O. Address Canton, 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.