

S. No. 2
M-843
v. 5-17-39
I X37823

36771

DEPARTMENT OF COMMERCE
FILED NOV 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 135

Primary Registration District No. 5497

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution:
1 mile E. Ridgeway mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 29 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Harrison

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 1 mile E. Ridgeway mo
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas William Peterson

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28
year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct. 28
1 1946, to Oct 28 1946
that I last saw him alive on Oct. 28 1946
and that death occurred on the date and hour stated above.

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertrude Peterson

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased sep. 16 - 1876
(Month) (Day) (Year)

Immediate cause of death Chrom myocarditis Duration 7 yrs

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy 13D

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

8. AGE: Years Months Days If less than one day
70 / 1 / 12 hr. min.

9. Birthplace Hartford mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin J. Peterson

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

14. Maiden name Mary B. Cretcher

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

16. (a) Informant Gertrude Peterson

(b) Address Ridgeway mo

17. (a) Rural (b) Date thereof 10-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Godar Hill, Blytheville mo.

18. (a) Signature of funeral director R.R. Bogess

(b) Address Ridgeway mo

19. (a) 10/30/46 (b) L. B. Brewer
(Date received local registrar) (Registrar's signature)

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 0

23. Signature P. Lake Brewer (M. D. or other) _____
Address Ridgeway Date signed 10/30/46

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(Licensed Embalmer's Statement on Reverse Side)

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

35591

FEB 1 1952

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 R. Bagers.

Licensed Embalmer No. 9576.

P. O. Address Ridgeway 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.