

No. 2  
2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED FEB 13 1947

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Northville  
(c) Name of hospital or institution: Loughlin Hosp  
(d) Length of stay: In hospital or institution 2 days  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland  
(c) City or town Beard  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Emilia L. 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 Married

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

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased March 17 1890

8. AGE: Years 56 Months 10 Days 7  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Davis County Iowa

10. Usual occupation Housewife

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

12. Name John P. Harl

13. Birthplace Keokuk Iowa

14. Maiden name Margaret Conaway

15. Birthplace Davis County Ia.

16. (a) Informant John Peterson

(b) Address Memphis Mo

17. (a) Burial (b) Date thereof Jan 26 1947

(c) Place: burial or cremation Memphis Mo

18. (a) Signature of funeral director Walter Barber

(b) Address Memphis Mo

19. (a) 2-4-47 (b) Kate Lambert

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th  
year 1947 hour Seven minute 30 A.M.

21. I hereby certify that I attended the deceased from January 22 1947 to January 24 1947  
that I last saw her alive on January 24 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Due to Hypertension ?

Due to 93

Other conditions \_\_\_\_\_

Major findings: \_\_\_\_\_

Of autopsy No autopsy

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature T.T. Rhoads M.D. (State)

Address Starkville, Mo Date signed 1-25-47

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

MOTHER FATHER

FEB 24 1947  
FEB 24 1947

RECEIVED  
District Health Officer No. 10  
District File No. 2-41-309  
Filed FEB 12 1947

**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 \_\_\_\_\_  
Licensed Embalmer No. 4258  
P. O. Address \_\_\_\_\_  
Memphis, 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.**