

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X35671

FILED JAN 16 1947
Registration District No. 85

Primary Registration District No. 3044

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

1. PLACE OF DEATH:

(a) County Miller

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

(c) Name of hospital or institution:
109 N. MILL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 20 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER

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

(d) Street No. 109 N. MILL
(If rural, give location)

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

3. (a) PRINT FULL NAME Bertie Peterson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race White

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

6. (b) Name of husband or wife RASMUS-C-PETERSON

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

7. Birth date of deceased Sept. 3 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 4 6 _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business Home

12. Name MARTIN-COPELAND

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

14. Maiden name LINDA-BRADEN

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

16. (a) Informant Ellen Hoxie

(b) Address Eldon Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-47
(Month) (Day) (Year)

(c) Place: burial or cremation ELDON Cemetery

18. (a) Signature of funeral director Kurt McKay

(b) Address Eldon Mo

19. (a) 1-11-47 (Date received local registrar) (b) Blvenetta Walt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 9
year 1947 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from 6-30-1946 to 1-9-47
that I last saw her alive on January 8 10 PM 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardinal
Cardinal

Due to Carcinoma of
Stomach

Due to _____

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

Major findings:
Of operations none

Of autopsy no 46 F

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)

(c) Means of injury 2

23. Signature A.F. Berk (Name or other) DO
Address ELDON Mo Date signed 1-11-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

192

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-13-47

JAN 23 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 Keith M. Kaye
Licensed Embalmer No. 3998
P. O. Address Eldon 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.