

S. No. 2
M-8-43
5-17-39
#1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5619

FILED FEB 17 1947

Registration District No. 251

Primary Registration District No. 3648

State File No. _____

Registrar's No. 21

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

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. FRANCIS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Maryville "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 7 miles Northeast
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Sweden

3. (a) PRINT FULL NAME

A. John Peterson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 Dec. 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business None

MOTHER FATHER

12. Name Johannes Peterson

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

14. Maiden name Johanna Anderson

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

16. (a) Informant Otto Youngberg

(b) Address Red Oak, Iowa.

17. (a) Removal (b) Date thereof 2/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation AYMAN, Iowa

18. (a) Signature of funeral director Price Funeral Home

(b) Address 120 East 1st Maryville, Mo.

19. (a) Feb 7 1947 (b) Beas Holt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd
year 1947 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 23 1947 to Feb 3 1947
that I last saw him alive on Feb 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death acute alcoholism Duration 2 wks

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy none

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 P. Peterson (M. D. or other) _____

Address Maryville, Mo. Date signed Feb 7 1947

229

**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..... *John W. Price*

Licensed Embalmer No. *154281*

P.O. Address..... *Maryville 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.