

S. No. 2
4-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12550

State File No. _____
Registrar's No. **553**

Registration District No. **42** Primary Registration District No. **1000**

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

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **St. Joseph, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Mercy Hospital** **O**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 days**
(Specify whether in this community **4 days** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway** **74**

(c) City or town **Pickering "Rural"** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. **1 Mile West** **0**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **✓**
If yes, name country **None**

3. (a) PRINT FULL NAME **CLIFFORD PETERS**
(Clifford Arthur Peters)

3. (b) If veteran, name war **no** No. _____
(Clifford Arthur Peters) 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 **None** **6. (c) Age of husband or wife if alive** - - years

7. Birth date of deceased **September 25 1917**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **17** year **1947** hour **11** minute **00** A. M.

21. I hereby certify that I attended the deceased from **April 17** **17**, 19**47**, to **April 19** **19**, 19**47**.
that I last saw him alive on **April 19**, 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **embolism** **Duration** _____

8. AGE:

Years	Months	Days	If less than one day
29	6	24	hr. - - min.

9. Birthplace **Omaha Nebr. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **None**

MOTHER FATHER

12. Name **Nicholas John Peters**

13. Birthplace **Iowa /**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Margaret Parish**

15. Birthplace **Iowa /**
(City, town, or county) (State or foreign country)

16. (a) Informant **N. J. Peters**

(b) Address **Pickering, Mo.**

17. (a) Burial (b) Date thereof **4/21/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Miriam Cem.**

18. (a) Signature of funeral director **Price Funeral Home**
(b) Address **120 East 1st, Maryville, Mo.**

19. (a) 4-22-47 (b) **E. L. Jenkins**
(Date received local registrar) (Registrar's signature)

Due to **lung embolism**

Due to **fracture of 4-5-6 lumbar vertebrae depression of vertebrae**

Other conditions **fractured ribs**

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **170C-4**
28

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident** **11**

(b) Date of occurrence **4/17/47**

(c) Where did injury occur? **near Stalls, Buchanan Co., Mo.**
(City or town) (County) (State)

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

While at work? **going** (Specify type of place)

(e) Means of injury **jeep accident**

23. Signature **H. A. Tolson** (Seal or other) **DO**
Address **St. Joseph, Mo.** Date signed **4/17/47**
Ren off Roadway

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

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. 4281

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.