V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12831

Registration District No. 41 Primary Registration District No. 3012 Registrar's No. 52

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Yr. 2 Mo. 23 days (Specify whether
In this community 1 yr. 2 mos. 23 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Muskogee 999

(c) City or town Muskogee 34
(If outside city or town limits, write "RURAL")

(d) Street No. 309 Fremont 0
(If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Otis M. Peterson

3. (b) If veteran, name war WORLD WAR II

3. (c) Social Security No. 446 20 4556

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased August (Month) 16 (Day) 1926 (Year)

8. AGE: Years 20 Months 7 Days 15 If less than one day hr. min.

9. Birthplace Muskogee (City, town, or county) Oklahoma (State or foreign country) 1

10. Usual occupation Pin boy

11. Industry or business Bowling alley

FATHER
12. Name Robert B. Peterson
13. Birthplace — (City, town, or county) Texas (State or foreign country) 1

MOTHER
14. Maiden name Hattie Vaughn
15. Birthplace — (City, town, or county) Texas (State or foreign country) 1

16. (a) Informant Hospital records, Veterans Administration Hospital,
(b) Address Excelsior Springs, Missouri.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 1, 1947 (Month) (Day) (Year)
(c) ~~Place: burial or cremation~~ Removed to: Muskogee, Oklahoma

18. (a) Signature of funeral director Virgil Hope
HOPE FUNERAL HOME
(b) Address Excelsior Springs, Missouri

19. (a) 4/12/47 (Date received local registrar) (b) Caroline Hutching (Registrar's signature) 1-2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1947 hour 4:10 minute A. M.

21. I hereby certify that I attended the deceased from January 8, 1946, to March 31, 1947;
that I last saw him alive on March 31, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis, pulmonary, chronic, far advanced, active. IV Severe.	Unknown
Due to	
Due to	
Other conditions Cor-pulmonale (Include pregnancy within 3 months of death)	

Major findings: ~~Of operations~~ Caseofibrinous pulmonary tuberculosis with cavitation bi-lateral. Acute dilation of heart ~~Of autopsy~~ Acute cystitis. Passive congestion of liver and kidneys

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? —
(Specify type of place)

While at work? — (e) Means of injury — 0

23. Signature J. H. Keeling (M. D. or other) M.D.
Address Veterans Administration Hospital, Excelsior Springs, Mo. Date signed 3-31-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number
Date Filed 4-23-47

NOV 14 1958

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 Thos Wright Hope
Licensed Embalmer No. 3950
P. O. Address Excelsior Springs 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.