

No. 2
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5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1947
Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1907

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
In this community 65 Years (Specify whether
* years, months or days)

3. (a) PRINT FULL NAME Joseph Peuter
(b) If veteran, name war No
(c) Social Security No. 486-07-8179

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Emma Rose Peuter
(c) Age of husband or wife if alive 61 years
7. Birth date of deceased 9 - 12 - 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 14
If less than one day hr. _____ min. _____

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

10. Usual occupation Brewery Worker

11. Industry or business Muehlebach Brewery

12. Name Patrick Peuter

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

14. Maiden name Margaret Mahoney

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

16. (a) Informant Mrs. Emma Rose Peuter

(b) Address 8716 Smart

17. (a) Burial (b) Date thereof 4-29-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

19. (a) 4-18-47 (b) Stralldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 8716 Smart Rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th.
year 1947 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from April 20, 1947 to April 26, 1947
that I last saw him alive on April 26, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death W. elchii Bacillus

Due to pyjignostomy secondary

to Carcinoma of Oesophagus

Due to + stomach

Other conditions primary site in Oesophagus
(Include pregnancy within 3 months of death)

Major findings: Carcinoma esophagus
Of operations + Cardiac and stomach
Of autopsy above

Duration
PHYSICIAN
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? 0

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. H. Holm (M. D. or other) M.D.

Address 409 Prof Bldg Date signed 4/28/47

Dr. P. H. Halperin
Vic 6649
Prof. Bldg.

100 St. 4

- 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.....

Jerry A. Minor....., Registered Apprentice No. *437*
working under my personal supervision.

Signed..... *Dean Owens*

Licensed Embalmer No. *4280*

P. O. Address..... *918 Brooklyn
R. C., 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.