

No. 2  
2-45  
17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18226

FILED JUN 6 1947

Registration District No. 243

Primary Registration District No. 3047

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Neosho  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home 601 N. High St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 55 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73  
(c) City or town Neosho 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 601 N. High St 2  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Christopher Columbus 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 Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov 7th 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 6 6 hr. \_\_\_\_\_ min.

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

10. Usual occupation Auctioneer

11. Industry or business \_\_\_\_\_

12. Name Unknown 9

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

14. Maiden name Jennie Rogers

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

16. (a) Informant Denver Peterson

(b) Address 601 N. High

17. (a) Burial (b) Date thereof 5/15/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.C.F. Cem Neosho

18. (a) Signature of funeral director Bigham Mortuary

(b) Address Neosho, Mo

19. (a) May 26, 1947 (b) Melvin C. Bogman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
year 1947 hour 2:00 A.M. M.

21. I hereby certify that I attended the deceased from 1 Dec 1945 to May 13 1947,  
that I last saw him alive on May 7 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death auricular fibrillation 5 hrs  
Duration  
Due to Arteriosclerosis, generalized 20 yrs

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 97  
Of autopsy \_\_\_\_\_  
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 A  
23. Signature Harold G. Hunt (M. D. or other) \_\_\_\_\_  
Address Neosho, Mo Date signed May 26, 1947

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

MOTHER FATHER

DEC 16 1947

MAY 7 1948

JUL 22 1947

RECEIVED

District Health Officer No Newton

District File Number 6-2-111

Date Filed 6-4-47

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 Clara Thonhille

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.