

FILED JUN 19 1947

State File No.

Registration District No. 322

Primary Registration District No. 4480

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Greentop
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Van Osdol Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 601 E. Washington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Elizabeth Peterson
(b) If veteran, name war
(c) Social Security No. None

4. Sex Female Color or race White
(a) Single, widowed, married, divorced Married
(b) Name of husband or wife Fred Peterson
(c) Age of husband or wife if alive 64 years
7. Birth date of deceased Dec. 14 1884
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 25
If less than one day hr. min.

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

10. Usual occupation Housewife
11. Industry or business Home

MOTHER FATHER

12. Name George Hocker
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mary Elizabeth Hyn
15. Birthplace Schuyler Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Peterson
(b) Address Kirksville, Mo

17. (a) Burial (b) Date thereof 5/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Coffey Cmt.

18. (a) Signature of funeral director
(b) Address Kirksville, Mo.

19. (a) June 11, 1947 (b) Mrs. R. G. Drake
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1947 hour 9:00 minute A: M.
21. I hereby certify that I attended the deceased from April 29
1947 to May 9 1947
that I last saw her alive on May 9 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Embolism
Duration

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
9/13
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) (c) Means of injury

23. Signature C. H. Van Osdol (M. D. or other) S.O.
Address Van Osdol Clinic Date signed 5-23-47

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

RECEIVED

District Health Officer No. 1

District File Number 6-47-74

Date Filed -- JUN 17 1947

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..... *B. E. Riley*

Licensed Embalmer No..... 4181

P. O. Address..... Kirksville, 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.