

S. No. 2
OM-5-43
v. 5-17-39
I X36671

23445

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 21 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 857

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days)
In this community 8 days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Florence Dorothy Peters

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arthur W. Peters
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased November 10 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 8 3
hr. min.

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

10. Usual occupation Housewife

11. Industry or business At home

12. Name August Wohler

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

14. Maiden name Augusta Nitache

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

16. (a) Informant Arthur W. Peters

(b) Address Corning, Missouri

17. (a) Removal (b) Date thereof July 14, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Craig, Missouri

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhour St., St. Joseph, Mo.

19. (a) 7-16-47 (b) E. C. Jensen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th
year 1947 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from July 2 to July 13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerosis general
Diabetes Mellitus
Infection of the
Due to Coronary Thrombosis 7-13-47
Duration ?
?
4 weeks

Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations: 61
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.....

23. Signature L. P. Lewis M.D.
Date signed 7-14-47
Address St. Joseph, Mo.

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

MOTHER FATHER

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..... *Albert E. Harrington*
Licensed Embalmer No. *3258* *Missouri*
P. O. Address..... *St. Joseph, 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.