

No. 2
5-43
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X3687

FILED JUL 26 1947

Registration District No. **164**

Primary Registration District No. **3032**

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

1. PLACE OF DEATH:

(a) County **Johnson**

(b) City or town **Warrensburg**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
202 Ming /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no** (Specify whether)

In this community **40 Yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson** **51**

(c) City or town **Warrensburg** **2**
(If outside city or town limits, write "RURAL")

(d) Street No. **202 Ming** **2**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Edward Nichols Peters**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **488-26-4175**

4. Sex **Male** / 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Bessie**

6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **Nov 23 1872**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 **7** **19** **no**
hr. min.

9. Birthplace **Dade Co Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business

MOTHER FATHER {

12. Name **Charles Peters** **9**

13. Birthplace **not known** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Sophie**

15. Birthplace **not known** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Bessie Peters**

(b) Address **202 Ming**

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

(c) Place: burial or cremation **Sunset Hill**

18. (a) Signature of funeral director **Sweeney-Phillips**

(b) Address **Warrensburg, Missouri**

19. (a) **July 14 1947** (b) **Savannah Certified**
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **12** year **1947** hour **4** minute **0** M.

21. I hereby certify that I attended the deceased from **July 12 1947** to **July 12 1947**
that I last saw him alive on **July 12 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** **5 min**

Due to **Myocardial infarction** **1 yr**
Paroxysmal

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **9**

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?

While at work? (Specify type of place) (2) Means of injury **0**

Signature **[Signature]** (M. D. or other)
Address **Warrensburg Mo** Date signed **July 14 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..... *J. Earl Priest*

Licensed Embalmer No..... 5878

P. O. Address..... Warrensburg 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.