

S. No. 2
 M-8-43
 v. 5-17-39
 P-1 X37823

34305

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED OCT 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 139

Primary Registration District No. 5338

Registrar's No. 61

1. PLACE OF DEATH:
 (a) County Holt
 (b) City or town Rural - Lincoln township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1 1/2 miles south of Corning, Mo.
(If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community 90 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Holt
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 1 1/2 miles south of Corning, MO
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Henry Peters
 3. (b) If veteran, name war none
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 12
 year 1947 hour _____ minute _____ M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Clara Elizabeth Peters
 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased December 1, 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
March 17 1947, to Oct 12 1947;
 that I last saw him alive on Oct 12 1947;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>10</u>	<u>11</u>	hr. _____ min. _____

Immediate cause of death Hypostatic pneumonia
 Duration 7 days

Due to Malnutrition ?

Due to Influenza 14 days

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 123A
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired farmer

11. Industry or business On the farm

12. Name Heinrich Peters

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

14. Maiden name Christena K. Haus

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

16. (a) Informant Mrs. Henry Peters

(b) Address Corning, Mo.

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

(c) Place: burial or cremation Mount Hope Cemetery, Corning

18. (a) Signature of funeral director Wilber G. Schoeler

(b) Address Corning, Missouri

19. (a) 10-14-47 (b) J. Henry
(Date received local registrar) (Registrar's signature)

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 2

23. Signature J. B. McRae (M.D. or other) BO

Address Corning, Mo. Date signed 10/17/47

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

14
0
0

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed *Wilber L. Schooler*.....
Licensed Embalmer No. *3997*.....
P. O. Address *Craig, 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.