No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41169

FILED JAN 9 1948

Registration District No. 7 Primary Registration District No. 3613 Registrar's No. 144

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: North Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home, 1209 East 24 Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: x (Specify whether years, months or days)
In this community: 28 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay 24
(c) City or town: North Kansas City, Missouri, 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 1209 East 24th Ave 1
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: John Edward Peters
3. (b) If veteran, name war: x
3. (c) Social Security No.: 494-14-0257
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Maried
6. (b) Name of husband or wife: Annie L. Peters
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: May (Month) 16 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
73	7	8	x hr. min.

9. Birthplace: Oakhall, Center Co. Penn (City, town, or county) (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business: Same
FATHER
12. Name: John Edward Peters
13. Birthplace: Penn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Mulberg
15. Birthplace: Penn. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Pearl Watt
(b) Address: 1023 East 23rd N.K.C.Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-26-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview, Liberty, Mo.
18. (a) Signature of funeral director: Morton Smith's F.H.
(b) Address: 832 Armour Rd. N.K.City, Mo.
19. (a) Dec 26-47 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Dec. day: 24th year: 1947 hour: 8 minute: 20 A.M.
21. I hereby certify that I attended the deceased from 12-20, 1947 to 12-24, 1947 that I last saw him alive on 12-24, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	3 days
Due to: Cerebral Hemorrhage	5-6 mos
Due to: Hypertension Cardio-vascular disease	unknown
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature: [illegible] (M. D. or other) MD
Address: 2025 Swift N.K.C. Mo Date signed 12-26-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-8-48

JAN 20 1948

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 Theron O Smith

Licensed Embalmer No. 3928

P. O. Address No Kansas City

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.