

FILED JAN 26 1948

Registration District No. **270**

Primary Registration District No. **5984**

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

X29484

1. PLACE OF DEATH:
 (a) County Pulaski
 (b) City or town Rural Liberty
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pulaski
 (c) City or town Rural
(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 Anna Wilhemina Peterson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Edward Peterson 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased April 29 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>7</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 { 12. Name Andrew Lundstrom
 { 13. Birthplace Sweden
(City, town, or county) (State or foreign country)
 { 14. Maiden name Augusta
 { 15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant Autust Peterson
 (b) Address Swedeberg, Mo.

17. (a) Burial (b) Date thereof Dec. 26-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. John Cemetery

18. (a) Signature of funeral director J. L. Hoops & Sons
 (b) Address Crocker, Missouri

19. (a) Jan. 19, 1948 (b) Helma C. Buchholz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 23
 year 1947 hour 3:00 minute A M.

21. I hereby certify that I attended the deceased from Jan 1947 to Dec 23 1947
 that I last saw h. er alive on Dec 22 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease
causti Insufficiency

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 427
 Of operations _____
 Of autopsy _____

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? U

While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature [Signature] (M. D. or other)
 Address [Signature] Date signed 6/28

PHYSICIAN

 Underline the cause to which death should be charged statistically.

1968

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 Paul B. Hoops

Licensed Embalmer No. 3261

P. O. Address Groves, Md.

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.