FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 549

Registration District No. FILED FEB 11 1948 — Primary Registration District No. 3014 — Registrar's No. 10

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay 24
(c) City or town: Liberty (If outside city or town limits, write "RURAL")
(d) Street No.: 440 Choctaw (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: ELISHA D. PETERS
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of ~~husband or~~ wife: Dora Peters
6. (c) Age of ~~husband or~~ wife if alive: 65 years
7. Birth date of deceased: June (Month) 14 (Day) 1878 (Year)

8. AGE: Years 69 | Months 7 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace: Clay Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Stone mason
11. Industry or business: —
FATHER
12. Name: Robert Peters
13. Birthplace: Liberty Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Williams
15. Birthplace: Gashland Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Vivian D. Peters
(b) Address: R. #2 Liberty Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jany 25-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Providence Nur Liberty Mo
18. (a) Signature of funeral director: Church-Archer Co.
(b) Address: Liberty Mo
19. (a) Jany 24 1948 (Date received local registrar) (b) Minnie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jany day: 23
year: 1948 hour: 8 minute: 15 P.M.
21. I hereby certify that I attended the deceased from Oct 1, 1947 to Jan 20 1948
that I last saw him alive on Jan 22, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart failure, myocarditis	
Due to: Coronary Thrombus Oct 1	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93E

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)
While at work? (e) Means of injury: U
23. Signature: Wm H Goodson M.D. or other
Address: Liberty Mo Date signed: 1/24/48

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

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 2-10-48

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 John Lonborg

Licensed Embalmer No. 4448

P. O. Address Liberty 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.