V. S. No. 2
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5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Peterson

State File No. 8448

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 221

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. #1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alice J. Wolters
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced UNKNOWN
6. (b) Name of husband or wife UNKNOWN
6. (c) Age of husband or wife if alive 1 ? years
7. Birth date of deceased March (Month) 11th (Day) 1879 (Year)

8. AGE: Years 69 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Greene Co., Mo. (City, town, or county) (State or foreign country)
10. Usual occupation UNKNOWN
11. Industry or business UNKNOWN
FATHER
12. Name Henry Craft
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Isabel Farmer
15. Birthplace Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Miss Marguerite Wolters
(b) Address R. R. #1, City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation DANFORTH CEM. Springfield, Mo.
18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 3-15-48 (Date received local registrar) (b) WE Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1948 hour 4 minute 05 A.M.

21. I hereby certify that I attended the deceased from 5 February 1948 to 13 March 1948 that I last saw her alive on 12 March 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Arteriosclerosis generalized severe	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy 83 A	

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) None
(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

23. Signature Stanley S Peterson (M. D. or other) MD
Address Springfield, Missouri Date signed 15 March 48

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

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 James B Gaughen, Registered Apprentice No. 466, working under my personal supervision.

Signed: Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address: Springfield 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.