

No. 300
-10-47
5-17-39
PI 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

8868
State File No. _____
Registrar's No. 976

FILED MAR 20 1948

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Trinity Lutheran Hospital
(d) Length of stay: In hospital or institution 1 day
In this community 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Platte
(c) City or town Platte City Rural
(d) Street No. _____
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Charles B. Peterson
(b) If veteran, name war no
(c) Social Security No. none

20. DATE OF DEATH: Month March day 1
year 1948 hour 5 minute 55P. M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Katherine Geis Peterson
(c) Age of husband or wife if alive 71 years
7. Birth date of deceased January 16, 1876

21. I hereby certify that I attended the deceased from March 1, 1948 to March 1, 1948 that I last saw him alive on March 1, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death basilar hemorrhage
Duration 2 days

8. AGE: Years 72 Months 1 Days 15
If less than one day, hr. _____ min. _____

Due to arteriosclerosis 6-8 yrs.
Due to _____

9. Birthplace Platte Co. Missouri

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

10. Usual occupation farmer

Major findings: _____
Of operations _____

11. Industry or business general farming

Of autopsy _____

12. Name Peter G. Peterson

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

13. Birthplace Sweden

14. Maiden name Annie E. Mc Cauley

15. Birthplace Clay Co., Missouri

16. (a) Informant Helen M. Peterson

(b) Address 3933 Warwick

17. (a) removal (b) Date thereof 3-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithville, Mo.

18. (a) Signature of funeral director: Mc Comas Funeral Home

(b) Address Smithville, Mo.

19. (a) 3-2-48 (b) Theraldine Holmes
(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature Carl V. Lindquist (M. D. or other) _____

Address 704 P & L Bldg K.C. Mo. Date signed 3-2-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

10. Usual occupation Farmer (City, town, or county) (State or foreign country)

11. Industry or business General Farming

MOTHER FATHER { 12. Name Peter G. Peterson

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

MOTHER FATHER { 14. Maiden name Ann E. McCauley

15. Birthplace Clay Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Wileen M. Peterson

(b) Address 3933 Warwick, K.C. Mo.

17. (a) Burial (b) Date thereof 3-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithville, Mo.

18. (a) Signature of funeral director McDouglas Funeral Home

(b) Address Smithville, Mo.

19. (a) 3-2-48 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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(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 Carl G. Lindquist (M. D. or other)

Address 704 Pt. L. Bldg. K.C. Mo. Date signed 3-2-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *S. P. McComas,*

Licensed Embalmer No. *2303*

P. O. Address..... *Smithville, 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.