

FILED APR 19 1948
Registration District No. 4203

Primary Registration District No. 4203

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Galt
(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 years, months or days)

In this community -
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy

(c) City or town Galt
(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 LOUIS SAMUEL PETERSON

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Elizabeth Peterson 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May 26 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>19</u>	<u>-</u> hr. <u>-</u> min.

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

10. Usual occupation Retired Farmer

11. Industry or business -

12. Name Hanson M. Peterson

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

14. Maiden name Mary Jane Roach

15. Birthplace unknown, U.S.A.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elizabeth Peterson

(b) Address Galt Mo

17. (a) Burial (b) Date thereof 2-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humphreys Mo. Cem.

18. (a) Signature of funeral director Orban & Son

(b) Address Galt Mo

19. (a) 2-17-48 (b) Gene Saw
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1948 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-1-48, 1948, to 2-13-48, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Organic heart disease
Mitral regurgitation

Due to -

Due to -

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

Major findings: gib
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? -
(Specify type of place)

While at work? - (Specify means of injury)

23. Signature H. C. Westover, M.D.

Address Galt, Mo Date signed 2-15-48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

RECEIVED
1930

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 PK Payne
Licensed Embalmer No. 3400
P. O. Address Galt

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.