

FILED MAY 17 1948

Registration District No. 270

Primary Registration District No. 4427

Registrar's No. 54

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

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Waynesville General Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)
In this community 60 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85
(c) City or town Rural Tavern Twp. 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Adrian Walford Peterson

3. (b) If veteran, name war _____ 3. (c) Social Security No. 7

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alvera Smith Peterson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 4 1870
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Vasternik Smaland Sweden 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Alfred Peterson
13. Birthplace Sweden 4
(City, town, or county) (State or foreign country)
14. Maiden name Christine Larson # 11
15. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Glen Roam
(b) Address Waynesville, Missouri

17. (a) Burial (b) Date thereof 4-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

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

19. (a) 5-10-48 (b) J. Heloma C. Buckthorpe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1948 hour 12:15 minute A M.

21. I hereby certify that I attended the deceased from April 1
1948, to April 13 1948
that I last saw him alive on 12 April 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Splenis
Flexure Colon

Due to _____
Due to _____

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

Major findings:
Of operations H&E
Of autopsy _____

Duration

Ch

PHYSICIAN

Underline the cause to 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? _____

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

23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 4/14/48

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 Paul B Hooper

Licensed Embalmer No. 3261

P. O. Address Waynesville, N.C.

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.