

No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUL 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19619
State File No. _____
Registrar's No. 2579

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: Bellerive Hotel 1.
(d) Length of stay: In hospital or institution 15 years
In this community 15 years (Specify whether years, months or days)

3: (a) PRINT FULL NAME Mrs. Belle Peterson
3. (b) If veteran, name war. No
3. (c) Social Security No. No

4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married divorced married
6. (b) Name of husband or wife Pete Peterson
6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased 8-31-1865 (Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 19 If less than one day hr. min.

9. Birthplace At home Illinois (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant R. Newton McDowell
(b) Address Bellerive Hotel K.C., Mo

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 4/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation Red Oak Iowa

18. (a) Signature of funeral director Stone & McClure
(b) Address Kansas City Mo.

19. (a) 6-20-48 (Date received local registrar) (b) Deskline Holman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(d) Street No. Bellerive Hotel 8
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 20 year 1948 hour 4-12 minute A.M.
21. I hereby certify that I attended the deceased from over 20 days, 19 to 6-20, 1948
that I last saw her alive on 6-20, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Valvular Disease 20 yr. Aortic Regurgitation
Due to

Due to Rheumatic Fever

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 920
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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) (c) Means of injury
23. Signature Frank J. [Signature] (M. D. or other) [Signature]
Address 411 Adams St. Date signed 6-20-48

(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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert H Reed

Licensed Embalmer No. 3745

P. O. Address. KC. 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.