FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21847

Registration District No. 323 — Primary Registration District No. 4422 — Registrar's No. 3

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Miami
(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: All his life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Saline 97
(c) City or town: Miami
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Jasper Obed Petermen
3. (b) If veteran, name war:
3. (c) Social Security No.: None

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Josie A. Petermen
6. (c) Age of husband or wife if alive: 84 years
7. Birth date of deceased: October (Month) 8th (Day), 1856 (Year)

8. AGE: Years 91 | Months 7 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace: Miami (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired farmer
11. Industry or business:
MOTHER FATHER
12. Name: Marion Petermen
13. Birthplace: Unknown (City, town, or county) Virginia (State or foreign country)
14. Maiden name: ---------- Williamson
15. Birthplace: Unknown (City, town, or county) Virginia (State or foreign country)
16. (a) Informant: Mrs Josie A. Petermen
(b) Address: Miami, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-4-1948. (Month) (Day) (Year)
(c) Place: burial or cremation: Miami, Mo.
18. (a) Signature of funeral director: Campbell Funeral
(b) Address: Marshall, Mo.
19. (a) 6-8-48 (Date received local registrar) (b) Mrs. Earl C. Metz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 2 year: 1948 hour: 5 minute: 45 P.M.
21. I hereby certify that I attended the deceased from July, 1945 to June 2, 1948 that I last saw h. alive on May 29, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Right Cerebral Hemorrhage	5 days
Due to: Hypertension	3 yrs
Due to: Nephritis	3 yrs
Other conditions: Senile Debility (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

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):
(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)
(e) Means of injury:
While at work?

23. Signature: Richard M. Mueller (M. D. or other) DO
Address: Marshall, Mo Date signed: 6-3-48

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-18-48

SEP 2 1948

DEC 10 1983

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 R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.