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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26045

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 120

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer 65  
(c) City or town South Lineville, Mo. 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 1  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fred Green Peterson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Olga Peterson 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased November 19, 1877  
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer (Retired)  
Own Farm

11. Industry or business Own Farm

MOTHER FATHER

12. Name Sam Peterson  
13. Birthplace Not Known 4  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Weddle  
15. Birthplace Not Known 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Olga Peterson  
(b) Address Lineville, Iowa

17. (a) Burial (b) Date there Aug. 16, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation So. Lineville Cemetery

18. (a) Signature of funeral director O.O. Sremler  
(b) Address Lineville Iowa

19. (a) 9-16-48 (b) Irene Fay  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_

21. I hereby certify that I attended the deceased from Aug 9th  
1948 to Aug 14th 1948  
that I last saw him alive on Aug 7th 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 2 years  
Duration \_\_\_\_\_

Due to Do not know  
Due to \_\_\_\_\_

Other conditions Intestinal Obstruction  
(Include pregnancy within 6 months of death) operated  
due to Volvulus of sigmoid

Major findings: Intestinal obstruction Underline the cause to which death should be charged statistically.  
Of operations 11 x 8  
Of autopsy Ileo-calcic junction

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) nae  
(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) (f) Means of injury Imp  
23. Signature Chas. D. Duffey (M. D. or other) Chas. D. Duffey  
Address \_\_\_\_\_ Date signed 1948 7 14

WEST 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

*James L. Greenlee*

Licensed Embalmer No. *3967*

P. O. Address *Linville, Iowa*

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.