

FILED SEP 18 1948
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
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lakeside Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 7 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson

(c) City or town Mission
(If outside city or town limits, write "RURAL")

(d) Street No. 5021 Mission Road.
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carl Henry PETERSON

3. (b) If veteran, name war None

3. (c) Social Security No. 499-16-2449

4. Sex Male 5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Esther A. Peterson

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased December 1, 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>9</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business Self

12. Name Carl Henry Peterson

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

14. Maiden name Anna Anderson

15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Esther A. Peterson

(b) Address 5021 Mission Rd.

17. (a) Burial (b) Date thereof 9/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Gates Funeral Home

(b) Address Kansas City, Kansas

19. (a) 9-7-48 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd
year 1948 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from 8-30
1948 to 9-3 1948
that I last saw him alive on SEPT. 3 1948
and that death occurred on the date and hour stated above.

Immediate cause of death HYPSTATIC PNEUMONIA 3 D.

Due to CARDIAC FAILURE

Due to APOPLEXY 5 D.
Bundle Branch Block

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations NONE

Of autopsy 830

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NONE

(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 2

23. Signature Dr. C.A. Scherer (M. D. or other) Dr.
Address Overland Park, Kans Date signed 9-7-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Chas Schwartz
8007 Overland Park Blvd
He 3106

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

Wm. J. Ward

Licensed Embalmer No.

3991

P. O. Address

308 East 68th Terr
J.P.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.