No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 15 1948
Registration District No. 280

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30358
Primary Registration District No. 5725
Registrar's No. 384

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

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Macon (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lake View Rest ~~Room~~ Home. 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 61
(a) State Missouri (b) County Macon
(c) City or town Macon 3 (If outside city or town limits, write "RURAL")
(d) Street No. 2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME George W. Peters
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov 11 (Month) 11 (Day) 1858 (Year)

8. AGE: Years 89 Months 10 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace West Point (City, town, or county) Lowa (State or foreign country) 1
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name unkown 9
13. Birthplace unkown (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name unkown 9
15. Birthplace unkown (City, town, or county) (State or foreign country) 1
16. (a) Informant Miss Esther Gutshall
(b) Address Macon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetary
18. (a) Signature of funeral director Albert S Kinney
(b) Address Macon Mo
19. (a) 10/6/48 (Date received local registrar) (b) Ruth McNeely (Registrar's signature) 1 9 2 9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13 year 1948 hour 1:30 minute 13 A. M.
21. I hereby certify that I attended the deceased from ..... 19.... to Sept 13 1948 that I last saw him alive on Sept 12 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Natural Infirmities old age	Sev Mos
Due to	
Due to	
Other conditions: Gangrene (moist) left leg (Include pregnancy within 3 months of death)	Sev Mos

Major findings:
Of operations
Of autopsy
99

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)
While at work? (e) Means of injury 0
23. Signature Howard Mills (M. D. or other)
Address Macon Date signed 9/14/48

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

RECEIVED
District Health Officer No. 10
District File Number 10-48-1787
Date Filed OCT 14 1948

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 Albert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macon 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.