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X36671

FILED NOV 12 1948

Registration District No. **47**

Primary Registration District No. **3008**

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

1. PLACE OF DEATH:

(a) County **Callaway**
(b) City or town **Fulton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Callaway County Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Four Days**
In this community **Two and one half years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Callaway**
(c) City or town **Fulton** (If outside city or town limits, write "RURAL")
(d) Street No. **714 Bluff** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Velva Lufern Peterson**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Clayton Peterson** 6. (c) Age of husband or wife if alive **1915** years

7. Birth date of deceased **Feb. 21 1915**
(Month) (Day) (Year)

8. AGE: Years **33** Months **8** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace **Steedman Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business _____

12. Name **Ed. Becker**

13. Birthplace **Burger Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Hortman**

15. Birthplace **Gilliam Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clayton Peterson**

(b) Address **714 Bluff St. Fulton, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-6-48**
(Month) (Day) (Year)

(c) Place: burial or cremation **Hillcrest**

18. (a) Signature of funeral director **Hallsee Funeral Home**
(b) Address **7 W 6th St. Fulton, Missouri**

19. (a) **11-3-1948** (Date received local registrar) (b) **Jose M. Moush...** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **4th**
year **1948** hour **1** minute **40 p.m.**

21. I hereby certify that I attended the deceased from **10/27** 19**48** to **11/4** 19**48**
that I last saw **her** alive on **11/4** 19**48**
and that death occurred on the date and hour stated above

Immediate cause of death **Acute Myocarditis** Duration **15 min.**

Due to **Viral Pneumonia** **5 day**

Due to **Congestive Heart Failure**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93L**
Of autopsy _____

PHYSICIAN
Underline the cause to 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? _____

23. Signature **Jose M. Moush...** (Specify type of place) (e) Means of injury _____
Address **Fulton Mo.** Date signed **11/2/48**

RECEIVED
DISTRICT HEALTH OFFICER (No. 9)
Date Filed NOV 10 1948

NOV 13 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 Denise Browning
Licensed Embalmer No. 2724
P. O. Address Fulton Md

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.