

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

33045

FILED NOV 3 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3979

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: St. Joseph Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 days Specify whether
 In this community 28 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 214 E. 73rd. Terrace
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3: (a) PRINT FULL NAME

Joseph A. Peters

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 062-05-0543

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Cordia Mae Peters

6. (c) Age of husband or wife If alive 56 years

7. Birth date of deceased February 6th. 1894
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 7 23 hr. min.

9. Birthplace Richmond, Virginia
 (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

12. Name Joseph A. Peters

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

14. Maiden name Missouri Plerman

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

16. (a) Informant Mrs. Cordia Mae Peters

(b) Address 214 E. 73rd. Terrace

17. (a) Burial (b) Date thereof 10-2-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Moriah

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 9-30-48 (b) Staldine Holmes
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29th.
 year 1948 hour 5 minute 35A M.

21. I hereby certify that I attended the deceased from 8-31 1948 to 9-29 1948
 and that death occurred on the date and hour stated above.
 that I last saw him alive on 9-28 1948

Immediate cause of death Acute Left Ventricular Failure Duration 1 1/2 hr
 Due to Anterior Coronary Occlusion 11 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a Of autopsy Above Findings
 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? _____

While at work? (Specify type of place) (a) Means of injury _____
 23. Signature [Signature] (M. D. or other) md
 Address KC mo Date signed 9/29/48

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

33045
47
39
906

1961 & ADW

9-1

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 *Walter H. Erwin*

--- Licensed Embalmer No. *4352*

P. O. Address *Kansas City, 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.