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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 28 1948

Registration District No. 156

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33284

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 5 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 4

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

(d) Street No. 1907 East 7th St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ralph Austin Peters

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

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

6. (b) Name of husband or wife Sylvia | 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Feb 16th 1907
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
41	8	2	hr. min.

9. Birthplace Swaledale, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business

FATHER
12. Name Sinke Peters
13. Birthplace Secor, Ill
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maud Cable
15. Birthplace Elgin, Illinios
(City, town, or county) (State or foreign country)

16. (a) Informant Sylvia Peters
(b) Address 1907 E. 7th St., Joplin, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-19-48 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Sheffield, Iowa

18. (a) Signature of funeral director Thornhill-Dillon Mortuary
(b) Address Joplin, Missouri

19. (a) 10-19-48 (Date received local registrar) (b) Ed D James by Dalton Josephine
(Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct day 18th
year 1948 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hodgkins disease	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 4 yrs B	
Major findings: Of operations	
Of autopsy Malignant growth in liver & abdomen glands	

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?
(Specify type of place)

While at work? (e) Means of injury O

23. Signature E H Hamilton (M. D. or other) M.D.

Address Joplin Bldg Date signed 10-18-48

138 - 0 (Licensed Embalmer's Statement on Reverse Side)

48-10-887

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.....

Licensed Embalmer No. 3566

P. O. Address Joplin 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.