

No. 300
10-47
5-17-39
PI 3904

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36804
Registrar's No. 4878

FILED DEC 14 1948
Registration District No. 447

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:
3215 Campbell Mary's Rest Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years 4
(Specify whether years, months or days) Unknown

3: (a) PRINT FULL NAME MARY E. PETERSON

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife William S. Peterson 6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 78 Months Days If less than one day
hr. min.

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

10. Usual occupation Home

11. Industry or business X

MOTHER FATHER

12. Name Unknown 9

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

14. Maiden name Unknown

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

16. (a) Informant Chas. Woolfolk

(b) Address 3238 Wabash K. C. 3 Mo

17. (a) Burial (b) Date thereof Nov 30, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

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

(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 11-29-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL") 0
(d) Street No. 3215 Campbell
(If rural, give location) No
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28
year 1948 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from July, 1946, to Nov 28, 1948.
that I last saw or alive on Nov 26, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoralis Duration
Due to
Due to

Other conditions Age
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9/11/48
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?

Signature Gertrude Stevens (Specify type of place) 2
While at work (c) Means of injury
Signature Gertrude Stevens (M. D. or other)
Address 1103 E. Arrow Date signed 11-29-48

Dr. Gertrude Stevens
Armour & Troost
Va 1845

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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address H.C. 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.