

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23586

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2927

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>6 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		75 3 8
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Little Sisters of the Poor</u>			d. STREET ADDRESS (If rural, give location) <u>5331 Highland</u>		
3. NAME OF DECEASED a. (First) <u>MRS. MARIE SOFIA</u> (Type or Print)			b. (Middle) <u>PETERSEN</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>July 2 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Jan 19 1875</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Denmark</u>		12. CITIZEN OF WHAT COUNTRY? <u>--</u>
13a. FATHER'S NAME <u>Freddie Schmidt</u>		13b. MOTHER'S MAIDEN NAME <u>No record</u>	14. NAME OF HUSBAND OR WIFE <u>Soren Peter Petersen</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna Jacobs 631 Washington Blvd K.C.K</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Hypertrophic Arthritis</u>  ANTECEDENT CAUSES DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Generalized Arterio-sclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>  <u>years</u>  <u>15 years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/22/1</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>mar 1948</u> , 19 <u>48</u> , to <u>July 1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 1</u> , 19 <u>49</u> , and that death occurred at <u>9:15 AM</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>John T. Skinner</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>1102 Grand Ave</u>		23c. DATE SIGNED <u>7/2/49</u>
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>7/6/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem. K.C. Kansas</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>		
DATE REC'D BY LOCAL REG. <u>7-6-49</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mark and Poin 20 West Linwood</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE PREVIOUS EDITIONS OF THIS FORM. DO NOT WRITE IN THESE SPACES. USE PREVIOUS EDITIONS OF THIS FORM. DO NOT WRITE IN THESE SPACES.

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~~

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Maudie Adair*

Licensed Embalmer No. *4016*

P. O. Address: *20 W. Pine*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.