

FILED NOV 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34058**

Registrar's No. **322**

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026	
1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place) 48 hrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		4. DATE OF DEATH (Month) (Day) (Year) Oct. 23, 1949
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium			d. STREET ADDRESS (If rural, give location) 1429 W. Short		
3. NAME OF DECEASED (Type or Print) s. (First) Bert b. (Middle) E c. (Last) Peterson			4. DATE OF DEATH (Month) (Day) (Year) Oct. 23, 1949		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 17, 1875	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coal Dealer	10b. KIND OF BUSINESS OR INDUSTRY Self employed	11. BIRTHPLACE (State or foreign country) Hacktown, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Peter Peterson		13b. MOTHER'S MAIDEN NAME Margaret Peterson		14. NAME OF HUSBAND OR WIFE Margaret M. Peterson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Margaret M. Peterson, Indep. Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES DUE TO (b) arteriosclerotic & hypertensive cardiovascular disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 48 hrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?
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"/>				
22. I hereby certify that I attended the deceased from 10/21 , 19 49 , to 10/23 , 19 49 , that I last saw the deceased alive on 10/23 , 19 49 , and that death occurred at 3:00A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) James E. Link, M.D.			23b. ADDRESS 1st Nat'l Bank Independence, Mo		23c. DATE SIGNED 10/24/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 26, 1949	24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cem.	24d. LOCATION (City, town, or county) (State) Independence, Missouri		
DATE REC'D BY LOCAL REG. Oct. 25, 1949	REGISTRAR'S SIGNATURE James E. Link	354	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. C. Carson Independence, Mo.		

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

OCT 31 RECD

NOV 4 1949

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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Independence, Missour

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.