

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5202**  
**594**

**4**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Jay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bonner Springs</u>	
c. LENGTH OF STAY (in this place) <u>1 1/2 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>400 Wilwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>572 Woodland, Rest Home</u>		e. DATE OF DEATH (Month) (Day) (Year) <u>Feb-6-1952</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>EMMA</u>		a. (First) <u>Peter</u> b. (Middle) <u>son</u> c. (Last) <u>Peter</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Jan-22, 1865</u>
<b>9. AGE</b> (In years last birthday) <u>87</u>	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Sweden</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>Unknown Karhon</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Andrew Peterson</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Carl Malone</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Hemorrhage</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 wk</u>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Arteriosclerosis</u>		<u>2 yrs</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<u>331X</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>		<b>22. I hereby certify that I attended the deceased from</b> <u>2-1-50, 19</u> , to <u>2-6-52, 19</u> , that I last saw the deceased alive on <u>2-6-52, 19</u> , and that death occurred at <u>6:30 PM</u> from the causes and on the date stated above.	
<b>23a. SIGNATURE</b> <u>Frank Paul Laurenzana</u> (Degree or title) <u>MD</u>		<b>23b. ADDRESS</b> <u>428 S. White Ave</u>	
<b>23c. DATE SIGNED</b> <u>2-6-52</u>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removed</u>	
<b>24b. DATE</b> <u>Feb. 7-52</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Bonner Springs Cem.</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Bonner Springs, Kan.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>H. Simmons</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>2-7-52</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Holmes</u>	
<b>25. FUNERAL DIRECTOR'S ADDRESS</b> <u>3711 Stang/K.C.</u>		<b>26. (Licensed Embalmer's Statement on Reverse Side)</b>	

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

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.....

working under my personal supervision.

Student Embalmer No.....

Signed H. Simmons

Signed.....  
Student Embalmer

Licensed Embalmer No. 3903

P. O. Address H. E. K.

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.