

JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2772

| | | | | | | | | | |
|--|--|--|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. _____ | | | |
| 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 KANSAS CITY | | c. LENGTH OF STAY (in this place) 31 mo. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | 3715 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL | | | | d. STREET ADDRESS (If rural, give location) 4342 TERRACE | | | | | |
| 3. NAME OF DECEASED (Type or Print) EMIL E. PETERSON | | | a. (First) b. (Middle) c. (Last) | | | 4. DATE OF DEATH JUNE 16, 1952 | | | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH 10/31/1888 | | | |
| 9. AGE (In years last birthday) 63 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST | | 11. BIRTHPLACE (City and State or Foreign Country) KANSAS | | 12. CITIZEN OF WHAT COUNTRY? U. S. | | | |
| 13a. FATHER'S NAME AUGUST PETERSON | | | 13b. MOTHER'S MAIDEN NAME JOHANNA NELSON | | | 14. NAME OF HUSBAND OR WIFE AGNES PETERSON | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. AGNES PETERSON K.C.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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Lung, Primary 1 yr ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 162X | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | | | | | |
| 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 September, 1950, to June 16, 1952, that I last saw the deceased alive on June 16, 1952 and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Robert M. Myers (Degree or title) | | | | 23b. ADDRESS 1025 Realto Bldg | | 23c. DATE SIGNED 17 June 52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 6/18/1952 | | 24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY | | 24d. LOCATION (City, town, or county) (State) KANSAS CITY, KANSAS | | | |
| DATE REC'D BY LOCAL REG. 6-17-52 | | REGISTRAR'S SIGNATURE Geraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GATES FUNERAL HOME, KANSAS CITY, KANSAS | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Robt. M. Mey
Rialto Bldg.
Vi 4751 906
12:06-5:30

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

Jimmy S. Huckshorn

Licensed Embalmer No. 4092

P. O. Address Missouri, Kansas

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.