

REC'D APR 23 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

9591

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. 2544 Charlotte Street, St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 10562. PRINT FULL NAME George Peters 362

(a) Residence, No. 2544 Charlotte Str., K. C. Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ora Jean Peters</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 10 1877</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>4</u>
	DAYS <u>26</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>USP</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Postal Clerk</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Ora Jean Peters</u> (ADDRESS) <u>2544 Charlotte Str., K.C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edinwood</u> DATE <u>March 8, 1938</u>		
19. FUNERAL DIRECTOR <u>Mrs. C. L. Forster</u> (ADDRESS) <u>Kansas City, Missouri</u>		
20. FILED <u>Mar 7 1938</u> <u>Dr. Brown</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 6th, 1938</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>19</u> , 19.....
I last saw him <u>alive</u> on <u>Deputy Coroner</u> , 19..... Death is said to have occurred on the date stated above, at <u>1:20 P.M.</u>
The principal cause of death and related causes of importance were as follows: <u>Coronary atherosclerosis</u> <u>Chronic myocarditis</u>
Other contributory causes of importance: <u>None</u>
Name of operation Date of <u>Yes</u>
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Nature of injury
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>Yes</u> (Signed) <u>Henry B. Butler</u> , M. D. (Address) <u>San Diego, K.C. Mo</u>

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)