REG'D APR 7 1939

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

10203
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 86
(b) Township Washington — Primary Registration District No. 5127 — Registered No. 16
(c) City ~~Saint Joseph~~ Industrial City (d) Street No. Stop 5½ Industrial City 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 50 yrs. 3 mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Peters.
(a) Residence, No. Stop 5½ Industrial City, 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary Peters
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 29, 1879
7. AGE: Years 59 — Months 3 — Days 3. — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as saw mill, bank, etc. Forman Midwest
10. Date deceased last worked at this occupation (month and year) Febr. 1939
11. Total time (years) spent in this occupation 20Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro, Indianan

FATHER
13. NAME William Peters
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, UNKNOWN

MOTHER
15. MAIDEN NAME Elizbeth Cooper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, UNKNOWN

17. INFORMANT (ADDRESS) Mrs. Mary Peters, Stop 5½ Industrial City, Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Ashland Cemetery DATE March 6 1939
19. FUNERAL DIRECTOR (ADDRESS) E.R.SIDENFADEN FUNERAL HOME 602 South 10th Street
20. FILED March 7, 1939 Myrtle M. Hanna Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1939
22. I HEREBY CERTIFY, That I attended deceased from March 5th 39 Viewed, 19..., to ..., 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism of Pulmonary artery and a sclerotic heart following a knife wound in abdomen	

Other contributory causes of importance:

Name of operation ..... Date of ...
What test confirmed diagnosis? History Was there an autopsy? yes

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? no
If so, specify ...

(Signed) B. D. Tadlock Coroner, M. D.
(Address) King Hill Bldg.

(Licensed Embalmer's Statement on Reverse Side)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X12804

195 Me

... No. 11,
District File Number 39-186
Date Filed APR 1 ...

STATEMENT BY LICENSED EMBALMER

I, Theron O Smith, Licensed Embalmer No. 3928

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

L. E.

No. and or by Mollie Sidenfaden, Registered Apprentice No. 145

working under my personal supervision.

Signed Theron O Smith

Licensed Embalmer No. 3928

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.)

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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1. PLACE OF DEATH
(a) County Buchanan Registration District No. 86
(b) Township Washington Primary Registration District No. 5127 Registered No.
(c) City (d) Street No. 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.

2. PRINT FULL NAME William Peters
(a) Residence, No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
m	w	m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	59	3	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4 1939

22. I HEREBY CERTIFY, That I attended deceased from 19, to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Imbolism of pulmonary artery and a sclerotic heart ~~[illegible]~~

Other contributory causes of importance:
Knife wound had nothing to do with cause of death

95 b

Name of operation Date of
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? neither Date of injury 2-13, 1939
Where did injury occur? Industrial city Mo,
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury Knife wound
Nature of injury Small puncture of Omentum.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B. W. Tadlock Cor, M. D.
(Address) King Hill Bldg

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MAY - 3 1989