

1939 AUG 7 1939

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

24751
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON 2 Registration District No. 399
 (b) Township KAW 1 Primary Registration District No. 1002 Registered No. 2064
 (c) City KANSAS CITY (d) Street No. 4524 AGNES AVENUE 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. 0 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MR OSCAR A PETERSON
 (a) Residence, No. 4524-AGNES AVENUE St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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. NETTIE PETERSON
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER 2 1866
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 72 10 19
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LATHER CONTRACTOR
 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) 1936 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWEDEN

FATHER 13. NAME GUSTAVE PETERSON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWEDEN

MOTHER 15. MAIDEN NAME JOHANNA

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWEDEN

17. INFORMANT MRS. NETTIE PETERSON
 (ADDRESS) 4524-AGNES AVENUE

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE JULY 24 1939

19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMER'S SONS
 (ADDRESS) 1401 BRUSH CREEK BLVD.

20. FILED July 22 1939 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 21 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-10 1939 to 7-21 1939
 I last saw him alive on 7-21 1939 Death is said to have occurred on the date stated above, at 3:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Caruncle of Stomach 46
 Date of onset

Other contributory causes of importance:

Name of operation Rashbent's Date of 6-2-39
 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 P. J. De Maria M.D. M. D.
 (Signed) Supt. K. C. Gen. Hosp. (Address)

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.

Supervisor

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

Registered Apprentice No....., working under my personal supervision.

Signed *C. Hervey Guisenberry*

Licensed Embalmer No. *4070*

P. O. Address *H. C. M. O.*

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, above space should be left blank.