

JAN 13 1940

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

42175
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 4584
 (c) City Kansas City (d) Street No. Mesley Hospital 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

(a) Residence, No. 365 Charles A. Petzerman St. 4944 College Hamway Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1939 to Dec 1, 1939
 I last saw him alive on Dec 1, 1939 Death is said to have occurred on the date stated above, at 10 P.M.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24-1864
 7. AGE YEARS 75 MONTHS 4 DAYS 7 If LESS than 1 day, hrs. or min.

Peritonitis, diffuse. Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation total

46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jawson Mo

Other contributory causes of importance:
anular carcinoma of sigmoid (Colon)

FATHER 13. NAME allan Petzerman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

Name of operation Colostomy Date of 11-27-39
 What test confirmed diagnosis? Lab Was there an autopsy? no

MOTHER 15. MAIDEN NAME Frank Perkasas
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 19no
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. no

17. INFORMANT (ADDRESS) Mrs. M. L. Grable
city

Manner of injury no
 Nature of injury no

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawson, Mo DATE Dec 1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clarence Richard
Excelsior Springs, Mo

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify (Signed) J. P. Mesley, M. D.
 (Address) Professional Bldg
Kansas City Mo

20. FILED Dec. 1st. 1939 M. M. Brown
Local Registrar.

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.

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, _____

NOT Embalmed

or by _____

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

Signed _____

Claude Richard

Licensed Embalmer No. *2751*

P. O. Address *Excelsior Springs*

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.