

Registration District No. 318

Primary Registration District No. 2001

N. B.—Every item of information should be carefully preserved. 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.

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: Burge Hospital
(d) Length of stay: In hospital or institution 2 weeks
In this community 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. Springfield R.F.D. 6
(e) If foreign born, how long in U. S. A.? 72 years

3. (a) PRINT FULL NAME LOUISA PETERS 362
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 13th year 1939 hour 4 minute A. M.
21. I hereby certify that I attended the deceased from 12/27 1939, to 12-12- 1939
that I last saw her alive on 12-11- 1939 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Joseph C. Peters 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased January 11 1863

Immediate cause of death Lobar pneumonia Duration 12/8/39
Due to Rectal prolapse with Thrombosis
Due to Senility
Other conditions 108
(Include pregnancy within 3 months of death)

8. AGE: Years 76 Months 11 Days 2 If less than one day hr. min.

9. Birthplace Shilling Germany
10. Usual occupation Home Mother
11. Industry or business _____
12. Name Henry Mengendansen
13. Birthplace Germany
14. Maiden name Louise Smith
15. Birthplace Germany

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Mrs. Wm. Gott
(b) Address Springfield, Mo.
17. (a) Hazelwood (b) Date thereof Dec. 15 1939
(c) Place: burial or cremation Hazelwood
18. (a) Signature of funeral director A. C. Thiesman
(b) Address Springfield, Mo.
19. (a) 12-14-39 (b) Chas. A. George

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
Signature C. E. Feller (M. D. or other) _____
Address Springfield Mo. Date signed 12/13/39

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.....

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

Signed.....

Licensed Embalmer No. *3681*

P. O. Address *Sp Mo.*

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.

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