

Registration District No. 2.97

Primary Registration District No. 5.4.14 3016

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community no years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Franklin Mo.
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Paul Oscar Peters

3. (b) If veteran, name war _____ 3. (c) Social Security No. 493-01-0233

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

8. (b) Name of husband or wife Martha Bernadine Peters 8. (c) Age of ~~husband~~ or wife if alive 41 years

7. Birth date of deceased 10-22-1900
(Month) (Day) (Year)

8. AGE: Years 39 Months 6 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Washington Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business Shoe Factory

12. Name Herman Henry Peters

13. Birthplace Washington Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Emma Baker

15. Birthplace Washington Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Peters

(b) Address Washington Mo.

17. (a) Burial (b) Date thereof 4/25/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Franklin Mo.

18. (a) Signature of funeral director Neuberg Witt
(b) Address Washington Mo.

19. (a) April 24 1940 (b) 270 (Registrar's signature) H. G. May
(Date received local registrar)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1940 hour 6 minute 10 M.

21. I hereby certify that I attended the deceased from April 22, 1940 to April 22, 1940, that I last saw him alive on April 22, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease

Due to _____
Due to 9410

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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? _____ (City or town) (County) (State)
(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 _____

23. Signature G. P. Post M.D. (M. D. or other) _____
Address Washington Mo. Date signed 4/24/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

A. Mueberg
.....
Licensed Embalmer No. 3387
P. O. Address Washington, 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.