DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41603

Registrar's No. 4996

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.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Luke's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether

In this community 47 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 6010 Paseo (If rural, give location)

(e) If foreign born, how long in U. S. A.? ------ years.

3. (a) PRINT FULL NAME Mr. Charles Peterson

3. (b) If veteran, name war None

3. (c) Social Security No. 510-03-6556

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Elnora Peterson

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March (Month) 31 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
47	8	27	hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Wholesale Market Salesman

11. Industry or business Armour and Company

FATHER
12. Name Olaf A. Peterson
13. Birthplace (City, town, or county) Sweden (State or foreign country)

MOTHER
14. Maiden name Christine Johnson
15. Birthplace (City, town, or county) Sweden (State or foreign country)

16. (a) Informant's own signature Elnora L. Peterson

(b) Address 6010 Paseo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. W. Newcomb's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 12-30-40 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27th year 1940 hour 12 minute 35 P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to Dec. 27, 1940; that I last saw him alive on Dec. 27, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Central hemorrhage	9 hours
Due to: Arterial hypertension	
Due to: [illegible]	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: Central hemorrhage, from wide of [illegible]	

PHYSICIAN — Underline the cause to which death should be charged statistically

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] M. D. (M. D. or other)

Address 1418 Professional Bldg. Date signed 12-28-40

(Licensed Embalmer's Statement on Reverse Side)

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.....H C Newcomer Jr.....

Licensed Embalmer No.....4043.....

P. O. Address.....K C Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.