No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44218

JAN 22 1941

Registration District No. 9100

Primary Registration District No. 6207

Registrar's No.

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Springfield Ninyo

(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 (Specify whether

In this community lifetime 2 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Ninyo Mo

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

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

0

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

3. (a) PRINT FULL NAME Walter Petet

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Mary Petet

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

7. Birth date of deceased 10 (Month) 14 (Day) 1889 (Year)

8. AGE: Years 50 Months 5 Days 16 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business James Petet

FATHER
12. Name James Petet
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Bell Dudley
15. Birthplace Webster Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Lorie Petet

(b) Address Niangua, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Niangua Mo.

18. (a) Signature of funeral director Dunn Funeral House

(b) Address Springfield, Mo.

19. (a) Sept. 9-40 (Date received local registrar) (b) Hallie Schlicht (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th year 1940 hour 11 o'clock minute M.

21. I hereby certify that I attended the deceased from Mar 1-40 March 30, 1940, to Mar 30, 1940 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral insufficiency	
Due to Rheumatism	
Due to 92 W	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no	

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) no

(b) Date of occurrence no

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 847 (Specify type of place)

While at work? (e) Means of injury

23. Signature W. F. Schlicht (M. D. or other) 1

Address Ninyo Mo Date signed 3/30/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1240-3052
Date Filed DEC 19 1940

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 Floyd W. Fox

Licensed Embalmer No. 2910

P. O. Address 629 W. Walnut

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

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