

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3816

State File No. _____

REGISTRATION DISTRICT NO. 19677

Primary Registration District No. 4403

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rolla Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Weeks
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1941 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Mar. 20
1940 to Jan. 10, 1941
that I last saw h. alive on Jan. 10, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of stomach

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
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?
610

(Specify type of place) _____
(e) Means of injury _____
23. Signature W. J. Peterson
(M. D. or other) _____
Address Rolla, Missouri Date signed 1/13/41

3. (a) PRINT FULL NAME CLARA B. PETERSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife George Peterson 6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased August 28 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 12 If less than one day _____
hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER { 12. Name Silas M. Johnson
18. Birthplace Kentucky
(City, town, or county) (State or foreign country)

FATHER { 14. Maiden name Hetty Ann Kerr
15. Birthplace Sullivan Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant H. M. Peterson
(b) Address Sullivan, Mo.

17. (a) Burial (b) Date thereof 1/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sullivan, Mo.

18. (a) Signature of funeral director W. J. Peterson
(b) Address Sullivan, Missouri

19. (a) Jan. 12, 1941 (b) Joe F. Myers
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 5,

District File Number 241192

Date Filed _____

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

Edgar W. Laffoon

Licensed Embalmer No.

3394

P. O. Address

Sullivan, 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.