

No. 2  
1-13-40  
-17-39  
X23159

FILED MAR 14 1941

Registration District No. 397

Primary Registration District No. 1002

State File No. ....

Registrar's No. 594

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:  
4909 Chestnut Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**  
(c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL") **8**  
(d) Street No. 4909 Chestnut Avenue  
(If rural, give location) **0**  
(e) If foreign born, how long in U. S. A. .... years.

3. (a) PRINT FULL NAME Charlew Hendrix Peterson

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

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

6. (b) Name of husband or wife Mrs. Vula Peterson 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased November 24 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 2 15 hr. min.

9. Birthplace Unknown Sweden **4**  
(City, town, or county) (State or foreign country)

10. Usual occupation Manager & Owner

11. Industry or business Peterson Advertising Co.

12. Name Nels Peterson

13. Birthplace Sweden **4**  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Sweden **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. A. F. Gangel

(b) Address 4911 Chestnut

17. (a) Burial (b) Date of Feb. 11, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director A. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 2/10/41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th  
year 1941 hour 8 minute 30 PM

21. I hereby certify that I attended the deceased from 1-27-41 19 to 2-8-41 19;  
that I last saw him alive on 2-8-41 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Coronary occlusion

Due to g. i. a.

Other conditions g. i. a.  
(Include pregnancy within 3 months of death)

Major findings: g. i. a.  
Of operations

Of autopsy

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

(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 0

23. Signature R. R. Blaffey (M.D. or other)

Address 1103 9th St. Date signed

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

18  
3  
8

12:30-4

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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, fact should be so stated above.