

APR 15 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County. Jackson

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

(c) Name of hospital or institution:
Trinity Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____
(Specify whether)

In this community. 54 Years
years, months or days

3. (a) PRINT FULL NAME. Peter August PETERSON

3. (b) If veteran, name war. 490-16-9560 None

3. (c) Social Security No. None

4. Sex. Male White

5. Color or race White

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

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

6. (c) Age of husband or wife if alive. 73 years

7. Birth date of deceased. September 7 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>5</u>	<u>24</u>	hr. _____ min.

9. Birthplace. Stockholm Sweden
(City, town, or county) (State or foreign country)

10. Usual occupation. Painter

11. Industry or business. Contractor

MOTHER FATHER

12. Name. Unkown

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

14. Maiden name. Unkown

15. Birthplace. Stockholm Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs Elizebeth Peterson

(b) Address. 2820 Prospect Ave.

17. (a) Burial (b) Date thereof. 3/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Memorial Park

18. (a) Signature of funeral director. Melody McGilley

(b) Address. Kansas City Missouri

19. (a) 3/2/41 (b) M. M. Crowl
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson ^{1/8}

(c) City or town. Kansas City Missouri ^J
(If outside city or town limits, write "RURAL") ⁸

(d) Street No. 2820 Prospect AVE.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 54 Years 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 St
year 1941 hour 7 min. 20 P.M.

21. I hereby certify that I attended the deceased from 2/27-41
19____ to 3/1-1941 19____
that I last saw him alive on 3/1-1941 19____
and that death occurred on the date and hour stated above.

Immediate cause of death.
1 - Pneumonia - lobar
2 - Arteriosclerosis, generalized

Due to. _____

Due to. 100

Other conditions (Include pregnancy within 3 months of death) 104

Major findings: Of operations _____

Of autopsy M.P.C.

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 0

23. Signature M. M. Crowl (M. D. or other)
Address Trinity Hospital Date signed 3/2-1941

Duration 5 days

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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. 269
working under my personal supervision.

Signed *J. W. Ryan*
Licensed Embalmer No. 2995
P. O. Address KC

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.