DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19340

Registration District No. 1122 Primary Registration District No. 6 2 2 6 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Rural Clark Twp

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Writht 114

(c) City or town Rural Clark 0

(If outside city or town limits, write "RURAL") 0

(d) Street No. 0

(If rural, give location)

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

3. (a) PRINT FULL NAME Orlando Peterman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male (1)

5. Color or race white

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

6. (b) Name of husband or wife Anny Peterman

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

7. Birth date of deceased Jan. (Month) 20 (Day) 1873 (Year)

8. AGE: Years 68 Months 3 Days 27 If less than one day hr. min.

9. Birthplace Champaign (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Smelter-man

11. Industry or business

FATHER 12. Name Allen Peterman

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

MOTHER 14. Maiden name Salina Lucas

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

16. (a) Informant's own signature Charles Peterman

(b) Address Norwood Missouri

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 5-20-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Omaha Neb.

18. (a) Signature of funeral director Boyd Funeral Home

(b) Address Norwood, Missouri 628

19. (a) 5-31-41 (Date received local registrar) (b) Roy A Burnett M.D. (Registrar's signature) by Mrs Roy Burnett M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1941 hour 4 P.M. minute M.

21. I hereby certify that I attended the deceased from Jan 10 1941, to May 17 1941, that I last saw him alive on May 17 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. W. Denny (M. D. or other)

Address Mtn. Grove Mo. Date signed 5-19-41

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 6,
District File No. 641-985
Date Filed JUN 16 1941

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 Ella J. Bouldin

Licensed Embalmer No. 1969

P. O. Address Norwood, Mic

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.