

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

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1. PLACE OF DEATH:  
 (a) County Nodaway  
 (b) City or town Skidmore Mo.  
 (c) Name of hospital or institution: Rural 4 mi. East.  
 (d) Length of stay: In hospital or institution 6 yrs.  
 In this community 6 yrs.

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Nodaway  
 (c) City or town Skidmore  
 (d) Street No. Rural 4 mi. East.  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LEE BUFORD PETER.  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov. day 16  
 year 1941 hour 2 minute 55 a.m.  
 21. I hereby certify that I attended the deceased from Nov 12  
1941, to Nov 15, 1941.

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Echo Ellen Peter  
 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased Mar. 21, 1867  
 (Month) (Day) (Year)

that I last saw him alive on Nov 15 and that death occurred on the date and hour stated above.  
 Immediate cause of death Hypostatic Pneumonia + Influenza  
Uremia, Chronic Nephritis  
 Due to cerebral apoplexy  
 Other conditions Esophagus enlarged, prostate  
 (Include pregnancy within 6 months of death)

8. AGE: Years 74 Months 7 Days 15  
 9. Birthplace Maxville Ky.  
 10. Usual occupation Farmer

Major findings: Of operations 131 f.  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Theo Peter  
 13. Birthplace Ky.  
 14. Maiden name Lettie Harris  
 15. Birthplace Ky.  
 16. (a) Informant Mrs. Echo Ellen Peter  
 (b) Address Skidmore Mo.  
 17. (a) Burial (b) Date thereof Nov. 18, 1941  
 (c) Place: burial or cremation Oak Hill Cemetery  
 18. (a) Signature of funeral director Price Funeral Home  
 (b) Address Marville Mo.  
 19. (a) NOV. 19-1941 (b) Dr. J. C. Manning  
 (Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
 23. Signature J. C. Manning (M. D. or other) \_\_\_\_\_  
 Address Skidmore Mo. Date signed Nov 19 41

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**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.....

*John W. Price*

Licensed Embalmer No. *3229*

P. O. Address..... *Maryville 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.**