

No. 2
1-4-41
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42345

Registration District No. 467

Primary Registration District No. 4280

Registrar's No. 73

1. PLACE OF DEATH:

(a) County... Lawrence
(b) City or town... Aurora (City)
(c) Name of hospital or institution:
325 West Tyndall St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 16 yrs
In this community... 16 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas Giles Peterson

3. (b) If veteran, name war... 3. (c) Social Security No...

4. Sex... Male Male 5. Color or race... White White
6. (a) Single, widowed, married, divorced... Married Married
6. (b) Name of husband or wife... Zelma Peterson
6. (c) Age of husband or wife if alive... 64 years
7. Birth date of deceased... May 13 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 7 15 hr. min.

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

10. Usual occupation... Methodist Minister

11. Industry or business... Retired

MOTHER FATHER { 12. Name James Peterson
13. Birthplace ? Not Known
14. Maiden name Ludia Kerrkendoll
15. Birthplace ? Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant... Mr Marcus Peterson

(b) Address... Aurora Mo.

17. (a) Burial (b) Date thereof 12/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Aurora Mo.

18. (a) Signature of funeral director... J.F. King

(b) Address... Aurora Mo.

19. (a) 12/31/41 (b) R.D. Cowan, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Lawrence 53
(c) City or town... Aurora
(d) Street No... 325 West Tyndall St
(e) Citizen of foreign country? No.
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 28
year 1941 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from February 18 1938 to December 28 1941
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death... Bronchopneumonia
Duration 1 Day

Due to... Pulmonary Congestion 3 Days

Due to... Chronic Hypertensive Disease 1938

Other conditions... none
(Include pregnancy within 3 months of death)

Major findings: Of operations... none
Of autopsy... none
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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury...
23. Signature... Dr. Kenneth S. Hays (M. D. or other) Date signed 12/29/41
Address... 16 E. Grand St

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

RECEIVED

District Health Officer No. 6,

District File Number 142-101

Date Filed JAN 12 1942

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.....

Herman Curridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.