

No. 2
1-4-41
5-17-39
PI X2390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2269

State File No.

FILED FEB 13 1942

Registration District No. 318

Primary Registration District No. 5440

Registrar's No. 76

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Medical Center for Federal Prisoners 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 months, 11 days
(Specify whether
In this community 9 months, 11 days
years, months or days)

3. (a) PRINT FULL NAME PETERSON, Lawrence John

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 Single

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased October 20 1918
(Month) (Day) (Year)

8. AGE: Years 23 Months 3 Days 7 If less than one day
hr. min.

9. Birthplace Pineville, Oregon
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter or misc. labor

11. Industry or business Misc. Labor

12. Name Fritz Peterson

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

14. Maiden name Dorothy Fox

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

16. (a) Informant Self
(b) Address Medical Center

17. (a) Burial (b) Date thereof Jan. 30, '42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Finnes

(b) Address Springfield, Mo.

19. (a) 1-30-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County Unknown
(c) City or town San Francisco
(If outside city or town limits, write "RURAL")
(d) Street No. 378 Oak St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27
year 1942 hour 6 minute 25 A. M.

21. I hereby certify that I attended the deceased from April 16, 1941
19..... to date of death 19.....

that I last saw him alive on date of death 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, Pulmonary (Chronic, advanced, bilateral).

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 13 L!

Major findings: Of operations
Of autopsy confirms clinical findings.

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
23. Signature [Signature] Surgeon (M. D. or other)
Address Springfield, Missouri Date signed 1-29-42

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

MOTHER FATHER

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.....

R. L. ...

Licensed Embalmer No. *3681*

P. O. Address *Springfield, 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.