

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 14 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1770

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution Lake Side  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days  
(Specify whether years, months or days)

In this community 11 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

(c) City or town Shawnee  
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME August C. Petersen

3. (b) If veteran, name war none

3. (c) Social Security No. 510-05-3598

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1942 hour 1:15 minute 0 M.

4. Sex M race W

5. Color of hair W

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

6. (b) Name of husband or wife Neil Petersen

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Jan. 14, 1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 2 to May 4 1942

that I last saw him alive on May 14, 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>3</u>	<u>18</u>	
			<u>20</u>	hr. min.

Immediate cause of death pulmonary embolism

9. Birthplace Denmark Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Receiving clerk

11. Industry or business Packing Co.

Due to Cholecyctic tony

Due to 12/7/42

MOTHER FATHER

12. Name Adolph Petersen

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

14. Maiden name MARIE Duer

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

Other conditions 12/7/42  
(Include pregnancy within 3 months of death)

16. (a) Informant Neil Petersen

(b) Address Route 1, Shawnee, Kans

17. (a) Burial (b) Date thereof 5-6-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, K.C.K.

Major findings: gangrenous Gall Bladder - 1/3/42

Of autopsy \_\_\_\_\_

18. (a) Signature of funeral director Fairweath, Werner

(b) Address Kansas City, Kansas

19. (a) 5-5-42 (b) M. M. Crowe  
(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? \_\_\_\_\_  
(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 E. R. Kueper (M. D. or other) Do

Address Memphis Mo Date signed 5-5-42

Duration 1 hr.

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

2010-03

**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 Chick Werner

Licensed Embalmer No. 2598

P. O. Address Kansas, Kansas

**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.**