

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUN 22 1942

Registration District No. 479

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

Primary Registration District No. 5664

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Pray - Boardwalk Inn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution County Prison 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all his life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Pray  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. 50 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 1  
year 1942 hour 10:30 am minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Apr 2, 1942, to Apr 1, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

Due to Old age

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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

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. Hicks (M. D. or other)  
Address Pray Date signed 4-2-42

3. (a) PRINT FULL NAME Christ Peterson

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

4. Sex male 5. Color or race white 6. Single, widowed, married, divorced 9

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 2 - 1867  
(Month) (Day) (Year)

8. AGE: Years 75 Months 21 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

12. Name Dart Knau

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

14. Maiden name Dart Knau

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

16. (a) Informant Superintendent funeral

(b) Address County Prison

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director J. W. Nichols

(b) Address \_\_\_\_\_

19. (a) May 10 - 42 (b) Mrs. Fay Jackson  
(Date received local registrar) (Registrar's signature)

1180 (Licensed Embalmer's Statement on Reverse Side)

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

7  
0  
0

Duration

3-4 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>Mat</sup> was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Joseph J. Marsh*  
Licensed Embalmer No. *3932*  
P. O. Address *Prox. 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.**