S. No. 2
M—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5412

LED MAR 15 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1107

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

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: General Hospital No. 2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11-27-43-2-3-43 (Specify whether
In this community 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3525 Central
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ROBERT L. PETERSON

3. (b) If veteran, name war no

3. (c) Social Security No. 495-07-8450

4. Sex Male

5. Color or race 2 Negro

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Belle Peterson

6. (c) Age of husband or wife if alive ~~45~~ 52 years

7. Birth date of deceased July (Month) 11 (Day) 1895 (Year)

8. AGE: Years 47 Months 6 Days ~~23~~ 22 If less than one day hr. min.

9. Birthplace Stephensville (City, town, or county) Texas 1 (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

FATHER
12. Name Miles Peterson
13. Birthplace (City, town, or county) Texas 1 (State or foreign country)

MOTHER
14. Maiden name Alice Clark
15. Birthplace Vicksburg (City, town, or county) Miss. 1 (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo.

19. (a) 3-4-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3
year 1943 hour 2:30 minute a. M.

21. I hereby certify that I attended the deceased from November 27, 1943, to February 3, 1943; that I last saw him alive on February 3, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive Heart failure

Due to Hypertensive type heart disease with decompensation

Due to

Other conditions 93D
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Gen. Hosp. #2-600 E. 22 Date signed 2-5-43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.