

FILED JUL 12 1943
Registration District No. **123**

Primary Registration District No. **4009**

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Savannah
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
U. S. Naval Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital 54 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Marian Fletcher Peters
(b) If veteran, name war no
(c) Social Security No. no

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Peters
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased 10-27-1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 4
If less than one day _____ hr. _____ min.

9. Birthplace Jackson County Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business Retired Cotton Gin operator

MOTHER FATHER:
12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sigmon's Sister
(b) Address Fort Smith Arkansas

17. (a) _____ (b) Date thereof 6-9-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation White Rock Ark.

18. (a) Signature of funeral director E. C. Breit
(b) Address Savannah Mo

19. (a) 6-8-1943 (b) F. H. Fitchman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Arkansas (b) County _____
(c) City or town Mulberry
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 1.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 7
year 1943 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from
4-14-, 1943, to 6-7-, 1943
that I last saw him alive on 6-7-, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis
Duration 3 days

Due to hypertension right carotid gland
Duration 1 yr.

Other conditions (include pregnancy within 3 months of death) 552

Major findings: Of operations _____
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? _____ (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 Willard A. Stearns (M. D. number) _____
Address Savannah Mo. Date signed 6-7-43

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X 1931

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Laramie Wyo

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, above space should be left blank.