

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 6 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1223

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
803 Vine St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 26 years _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 011
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 803 Vine St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ada Peret

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow 2

6. (b) Name of husband or wife Charles Peret 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 30, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 0 11 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Alfred Bentry

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

14. Maiden name Unknown

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

16. (a) Informant Ed Peret

(b) Address Route # 6, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address 5025 King Hill Ave.

19. (a) 10-14-43 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11
year 1943 hour 9 minute 5 p. M.

21. I hereby certify that I attended the deceased from Oct 1, 1943 to Oct 11, 1943
that I last saw h. or alive on Oct. 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia 4 da.

Due to Hypertension arteriosclerotic cardiovascular disease

Due to Cerebral hemorrhage 1941

Other conditions Hemiplegia - left
(Include pregnancy within 3 months of death)

Major findings: Adenomatous goitre

Of operations: none

Of autopsy: none

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] (M. D. or other)
Address St. Joseph, Mo. Date signed 10.12.43

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

MOTHER, FATHER

Duration

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 was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Emma Clark*

Licensed Embalmer No. 4228

P. O. Address *St Joseph 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.