

FILED MAR 6 1944

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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: St Marys Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks
(Specify number)

In this community 4 wks.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kans (b) County Wendover

(c) City or town Seneca - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Ferd Peters

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M. 5. Color or race W

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

6. (b) Name of husband or wife Rose Peters 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased ? no Record
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>			hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

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 C. J. Laurik

(b) Address Seneca Kans

17. (a) Burial (b) Date thereof 2-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seneca, Kans

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 12 E. 2nd

19. (a) 2-22-44 (b) T. E. Brown (13)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
- year 1944 hour 8 minute AM

21. I hereby certify that I attended the deceased from Jan 29
1944, to Feb 21 1944
that I last saw him alive on Feb 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Posttuberculosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy Posttuberculosis

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) (or) Means of injury _____

23. Signature James H. McNeil (M. D. or other) _____

Address 510 Professional Date signed 2/21/44

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

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 Ralph W. Runnels
Licensed Embalmer No. 3860
P. O. Address Kansas City, 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.