V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6261

Registration District No. 149 Primary Registration District No. 100 Registrar's No. 581

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: 2622 Charlotte / Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community r50yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 2

(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2622 Charlotte
(If rural, give location)

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

If yes, name country Scotland 0

3. (a) PRINT FULL NAME MRS ANNA PETERSON

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex fe

5. Color or race wh

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Chas A. Peterson (Deceased)

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

7. Birth date of deceased Mar 6th 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	10	27	hr. min.

9. Birthplace Abberdeen Scotland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name George Thorn
13. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Greentree
15. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

16. (a) Informant G.A.Peterson
(b) Address 2622 Charlotte

17. (a) Burial (b) Date thereof 2-4th-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Moriah Cemetery

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood Blvd

19. (a) 2-4-44 (b) T E Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3rd
year 1944 hour 2 minute 58A M.

21. I hereby certify that I attended the deceased from Dec. 14, 1947 to Jan Feb 1, 1944
that I last saw her alive on Feb 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death uremic poison chronic cardio renal disease

Due to hypertention

Due to senility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 131a

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 2

23. Signature Dr. F. G. D. Neff (M. D. or other)

Address 2748 Charlotte Date signed

(Licensed Embalmer's Statement on Reverse Side)

~~28~~ 27 48 Charlotte

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 Chas Wilkes

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.