

FILED APR 14 1944
Registration District No. 1944

Primary Registration District No. 3044

Registrar's No. 16

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Eldon Mo.
(c) Name of hospital or institution 112 Olive St 1
(d) Length of stay: In hospital or institution 15 yrs.
In this community 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MILLER
(c) City or town ELDON
(d) Street No. 112 OLIVE ST
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Rasmus Christian Peterson
(b) If veteran, name war None
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MARCH day 27
year 1944 hour 1 minute 10 P.M.

4. Sex Male D
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bertie Peterson
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Feb 14 1875

21. I hereby certify that I attended the deceased from 10 P.M. to 11 P.M. only level
I saw him alive on Feb 27 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary occlusion

8. AGE: Years 69 Months 1 Days 13
9. Birthplace La Cade Co Mo. D
10. Usual occupation Carpenter

Due to Coronary Arterio Sclerosis
Other conditions
Major findings: 940
Of operations
Of autopsy

11. Industry or business
12. Name Harce Peterson
13. Birthplace unknown Denmark
14. Maiden name LOUINIA STARNES
15. Birthplace unknown KY

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Bertie Peterson
(b) Address Eldon Mo
17. (a) BURIAL (b) Date thereof MARCH 30-44
(c) Place: burial or cremation Eldon Cem.
18. (a) Signature of funeral director Keith McKay
(b) Address Eldon Mo
19. (a) 3-29-44 (b) Registrar's signature

23. Signature E. Wallace (M. D. or other)
Address Eldon Date signed 3/29/44

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

6
1

RECEIVED

Miller County Health Dep't.

County File Number 44-41

Date Filed 4-5-44

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 Keith M. Kays
Licensed Embalmer No. 3998
P. O. Address Eldon 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.