

FILED JUN 7 1944

State File No.

Registration District No. 47

Primary Registration District No. 3006-5757

Registrar's No. 179

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Any vasse mo
(c) Name of hospital or institution: X 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 10 yrs
In this community 10 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Any vasse mo
(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. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1944 hour 1 minutes 30 A.M.

21. I hereby certify that I attended the deceased from July 2 1943 to May 19 1944
that I last saw him live on May 19 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial weakness
Due to Senility

Other conditions: 928
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

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?

While at work (Specify type of place) (Means of injury)
23. Signature W. B. Nichols (M. D. or other)
Address Any vasse mo Date signed 5-20-44

3. (a) PRINT FULL NAME William Napoleon Peters

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife. 6. (c) Age of husband or wife alive 15 years

7. Birth date of deceased. Nov 15 1853
(Month) (Day) (Year)

8. AGE: Years 90 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Shamock mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business Retired

12. Name William Napoleon Peters

13. Birthplace D.K. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Maribel Gardner

15. Birthplace D.K. Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Peters

(b) Address Any vasse mo

17. (a) Burial (b) Date thereof May 21, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Augusta

18. (a) Signature of funeral director Hughes Mumpson

(b) Address Any vasse mo

19. (a) May 21-1944 (b) Joie Marsuehoff
(Date received local registrar) (Registrar's signature)

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

14
0
0

1127

SECRET

Handwritten scribbles and signatures in the upper left quadrant.

RECEIVED
District Health Officer 'No. 9,
District File Number _____
Date Filed 6-6-44

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 Hughes Manekin

Licensed Embalmer No. 2358

P. O. Address Aux Vasse, Md.

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.