

FILED NOV 19 1944

Registration District No. _____

Primary Registration District No. 2000

Registrar's No. 277

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Richsville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grimm Smith
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macon
(c) City or town Atlanta Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carl Peterson
3. (b) If veteran, name war No
3. (c) Social Security No. 200

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 29th day October
year 1944 hour 3 minute 25 PM
21. I hereby certify that I attended the deceased from Oct 19, 1944 to Oct 29, 1944
that I last saw him alive on 10-29, 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose Peterson 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Aug 25-1880
(Month) (Day) (Year)

Immediate cause of death Myocardial infarction following operation for peptic ulcer
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 137a

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>2</u>	<u>4</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name John Peterson

13. Birthplace 4 Sweden
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Lynn

15. Birthplace 4 England
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Mc Quay

(b) Address Bebeles Coles

17. (a) Burial (b) Date thereof Oct 31-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mr. Taber

18. (a) Signature of funeral director Hubbard

(b) Address Atlanta Mo

19. (a) 10-30-44 (b) Mrs. J. W. Wagoner
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____

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)
(e) Means of injury _____
23. Signature W. H. ... (M. D. or other) W.D.
Address Richsville Mo signed 10-24-44

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

RECEIVED

District Health Officer No. 10

District File Number 12-44-181-9

Date Filed NOV 7 1944

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.....

H M Goodding

Registered Apprentice No.....

working under my personal supervision.

Signed H M Goodding

Licensed Embalmer No. 1750

P. O. Address Atlanta 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.