

FILED FEB 11 1946

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Person
(b) City or town Person at Starkey Co. Mo.
(c) Name of hospital or institution: State Hospital # 2
(d) Length of stay: In hospital or institution 13 days
In this community 13 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright
(c) City or town Narville
(d) Street No. 0
(e) Citizen of foreign country? No
If yes, name country 0

3. (a) PRINT FULL NAME GEORGE W. PETERSON

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife 0 6. (c) Age of husband or wife 18 7/4 years

7. Birth date of deceased: April 24 (Month) 1874 (Day) (Year)

8. AGE: Years 71 Months 8 Days 22 If less than one day hr. 0 min. 0

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

10. Usual occupation Farming

11. Industry or business Farm

12. Name Samuel Peterson

13. Birthplace New Jersey (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Smith

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

16. (a) Informant Hospital records

(b) Address Nevada, Mo.

17. (a) Removal (b) Date thereof Jan 16 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Narville, Mo

18. (a) Signature of funeral director Samuel Peterson

(b) Address Nevada, Mo

19. (a) 1-18-'46 (Date received local registrar) (b) W. B. Hall (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1946 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 3 1946 to Jan 16 1946 that I last saw him alive on Jan 15 1946 and that death occurred on the date and hour stated above.
Immediate cause of death: arterio-sclerosis Duration 0

Due to ✓

Due to ✓

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

Major findings: ✓ Of operations 0

Of autopsy 0

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) 0

(b) Date of occurrence 0

(c) Where did injury occur? (City or town) (County) (State) 0

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? (Specify type of place) (c) Means of injury 0

23. Signature W. B. Hall (M. D. or other)

Address Nevada, Mo Date signed 1/16/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
3427

OFFICER No. 7,
Number 1-46-74
Date Filed 2-7-46

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 Allen E. Hayes
Licensed Embalmer No. 11968
P. O. Address Nevada, 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.