

S. No. 2
M-543
v. 5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6K
9767
State File No. _____
Registrar's No. 11

FILED APR 8 1947
167

Registration District No. _____ Primary Registration District No. 5609

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Rural, Rose Hill Twp.,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Route, Holden, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Holden (rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 7 Miles Southwest
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME HENRY PETERS
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Maggie Peters
6. (c) Age of husband or wife if alive dec'd years
7. Birth date of deceased April 11, 1852
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 21
year 1947 hour 4 minute P. M.
21. I hereby certify that I attended the deceased from June 3
1942, to March 21, 1947.
that I last saw h. in alive on March 20, 1947.
and that death occurred on the date and hour stated above.

8. AGE: Years 94 Months 11 Days 10 If less than one day hr. min.
9. Birthplace Marienhafe, Germany (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business same
12. Name Pete Peters
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Will Peters
(b) Address Holden, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Holden, Missouri
18. (a) Signature of funeral director Canaday & Ropp
(b) Address Holden, Missouri
19. (a) April 1, 1947 (b) Mrs. H. V. Redford (Registrar's signature)

Immediate cause of death Chronic Prostatism
Due to _____
Due to _____
Other conditions Chronic Myocarditis & Gen Arteriosclerosis
Major findings: Of operations _____
Of autopsy _____ (13D)
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 Kelly Rawlins (M. D. or other)
Address Holden, Mo. Date signed 3/24/47

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

MOTHER FATHER

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..... *M. H. Canada*.....
Licensed Embalmer No. *3434*.....
P. O. Address..... *Holden 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.