. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24327

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3246

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or ~~institution~~: ST. LUKE'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 1 MONTH (Specify whether
In this community 35 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4217 GENESEE STREET 8
(If rural, give location) 0

(e) Citizen of foreign country? YES (Yes or No)

If yes, name country SWEDEN

3. (a) PRINT FULL NAME MR. OSCAR E PETERSON

3. (b) If veteran, name war NO

3. (c) Social Security No. 486-05-4893

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of ~~husband~~ or wife MRS. INGEBORG PETERSON

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased FEBRUARY 17 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	5	14	hr. min.

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

10. Usual occupation CARPENTER

11. Industry or business SWENSON CONSTRUCTION CO.

FATHER
12. Name UNKNOWN PETERSON
13. Birthplace SWEDEN
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Hellgren
15. Birthplace SWEDEN
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. INGEBORG PETERSON

(b) Address 4217 GENESEE STREET

17. (a) BURIAL (b) Date thereof AUG-2-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ FLORAL HILLS CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 8-1-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 1 ST
year 1947 hour 6 minute 26 A.M.

21. I hereby certify that I attended the deceased from ~~December~~ December 15, 1946, to August 1, 1947 that I last saw him alive on July 31, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	
Due to: Aortic regurgitation Aneurysm (luetic)	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 30	
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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature F. P. Boughman (M. D. ~~XXXXX~~

Address 315 Alameda Rd., K.C., Mo. Date signed 8/1/47

(Licensed Embalmer's Statement on Reverse Side)

22C Plaza Medical Bldg
315 Alameda Road
1-4:30

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 Bernard L Horan

Licensed Embalmer No. 4250

P. O. Address K C 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.