. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 19 1948

Registration District No. 13

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5589

State File No. 44421

Registrar's No. 267

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: "RURAL" (Union Township)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Thirty Four (34) Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: "Rural" -4 Carthage, MO.
(If outside city or town limits, write "RURAL")
(d) Street No.: R#4--Carthage, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Lue E. PETERS
3. (b) If veteran, name war: No.
3. (c) Social Security No.: No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: John H. PETERS
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: Oct. (Month) 11, (Day) 1877 (Year)

8. AGE: Years 70 | Months 2 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace: Seymour, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Housewife

FATHER
12. Name: Riley, KINNEMER
13. Birthplace: Alabama. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Francis Johnson
15. Birthplace: Webster County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: John H. PETERS (Husband)
(b) Address: R#4-Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery
18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage, Missouri
19. (a) 12-22-1947 (Date received local registrar) (b) L. B. Clinton, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21st. year 1947 hour 4 minute 00 A.M.
21. I hereby certify that I attended the deceased from Oct 30, 1946, 19..., to Dec 21, 1947; that I last saw her alive on Dec. 21st, 47; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Occlusion Coronary artery	instant
Due to: myocarditis Chronic	5 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Debility	

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause of 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
23. Signature: George H. Ward (M. D.)
Address: Carthage Mo. Date signed: Dec 22 '47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-12-1045

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 M. Y. McCormick, Registered Apprentice No. 17, working under my personal supervision.

Signed Eddie Ulmer

Licensed Embalmer No. 2222

P. O. Address Carthage, Missouri.

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.