

FILED JAN 12 1948

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital no 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. 29 days
(Specify whether
In this community Has always lived in Buchanan Co.,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1322 Bellevue St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Rufus L. Peters

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

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

6. (b) Name of husband or wife not stated 6. (c) Age of husband or wife if alive not stated years

7. Birth date of deceased not given Dec - 16 - 1898
(Month) Dec (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>69</u>	<u>0</u>	<u>21</u>
				hr. min.

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

10. Usual occupation Dairy farmer

11. Industry or business

12. Name Rufus L. Peters

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

14. Maiden name Sarah Paul

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

16. (a) Informant Ivan Peters

(b) Address 1322 Bellevue St. St. Joseph Mo

17. (a) Burial (b) Date thereof Jan. 10, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Agency cemetery

18. (a) Signature of funeral director H.A. Sellers

(b) Address Flower Mo

19. (a) 1-8-48 (b) G. E. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1948 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 1, 1947, to Jan 7, 1948; that I last saw him alive on Jan 7, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Myocarditis

Due to Arterio sclerosis

Due to

Other conditions ADP
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration
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 G. E. Dalyer (M. D. certifier)

Address St. Joseph Mo Date signed 1/7-48

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

No. 2
2-45
7-39
X47070

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 *H. A. Sullivan*

Licensed Embalmer No. *1738*

P. O. Address *Gower 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.