S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

2095

State File No.

FILED JAN 29 1948

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 26

88
6
3

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1001 Sinnock
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 88
(c) City or town Moberly 6
(If outside city or town limits, write "RURAL") 3
(d) Street No. 1001 Sinnock 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME August 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 Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 3rd (Day) 1864 (Year)

8. AGE: Years 83 Months 8 Days 14 If less than one day hr. min.

9. Birthplace (City, town, or county) Sweeden (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name no data
13. Birthplace " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant Emmel Peterson
(b) Address Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo
18. (a) Signature of funeral director Mahan and Moberly Mo
(b) Address
19. (a) Jan 20-48 (Date received local registrar) (b) Seal William Loose (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17th year 1948 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Oct 1 1948, to Jan 17 1948 that I last saw him alive on Jan 10 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Orbit	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

55 B

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 0

23. Signature C. C. Smith (M. D. ~~or other~~)
Address Moberly Mo Date signed 1-20-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAR 4 1949

RECEIVED
District Health Officer No. 10
District File Number 1-48-153
Date Filed JAN 27 1948

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 Frank D DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.