

FILED MAR 1 1948

Registration District No. 278

Primary Registration District No. 5986

Registrar's No. 15

1. PLACE OF DEATH Pulaski
 (a) County _____
 (b) City or town Tavern Twp. Rural
 (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)
 In this community 70 years (Specify whether)
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 85
 (a) State Missouri (b) County Pulaski
 (c) City or town rural _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Robert Alexander Peterson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 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 Dec. 30 1859
 (Month) (Day) (Year)

8. AGE: Years 88 Months 1 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Knoxville Tenn.
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Blacksmith

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Calloway Ptereson
 13. Birthplace Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Cook
 15. Birthplace Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maud Walters

(b) Address 23 N. Gore Webster Groves Mo.

17. (a) Burial (b) Date thereof 2-21-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker Cemetery

18. (a) Signature of funeral director J. L. Hoops & Sons

(b) Address Crocker, Mo.

19. (a) Feb. 24 1948 (b) Helma C. Buckhage
 (Date received local registrar) (Registrar's signature) 5986

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
 year 1948 hour 9:00 minute P M.

21. I hereby certify that I attended the deceased from Aug. 1947 to Feb. 18 1948
 that I last saw him alive on Feb. 18 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular Renal Disease
 Due to Senility
 Due to _____

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

Major findings: Of operations BH
 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 John G. Mikhailovich M.D. or other) DD
 Address Crocker Mo Date signed 2-20-48

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

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.....

Paul B. Hooper

Licensed Embalmer No.....

3261

P. O. Address.....

Crocker, 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.