

7. S. No. 2
DOM-5-43
Rev. 5-17-39
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13211

State File No.

FILED APR 28 1948

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:
212 Church Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community about 2 years
years, months or days

3. (a) PRINT FULL NAME Edward Marion Peters

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

4. Sex <u>male</u>	5. Color or race <u>white</u>	6. (a) Single, widowed, married, divorced <u>married</u>
6. (b) Name of husband or wife <u>Jeanette Peters</u>	6. (c) Age of husband or wife if alive _____ years	
7. Birth date of deceased <u>January 29, 1871</u> <small>(Month) (Day) (Year)</small>		

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>0</u>	<u>19</u>	_____ hr. _____ min.

9. Birthplace Vandalia Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation retired grocery man

11. Industry or business _____

12. Name Daniel Peters

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

14. Maiden name Milinda Schade

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

16. (a) Informant Mrs. Jeanette Peters

(b) Address Aurora, Missouri

17. (a) Burial (b) Date thereof 2-20-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville Missouri

19. (a) Mar 3-1948 (b) Ora Mc Natt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Aurora
(If outside city or town limits, write "RURAL")

(d) Street No. 212 Church Street
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18 year 1948 hour 8.30 minute A. M.

21. I hereby certify that I attended the deceased from January 1946 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 Cerebral Aneurysm

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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)

(c) Means of injury _____

23. Signature A. P. Goffe M.D. (M. D. or other) _____

Address Aurora Mo Date signed 2-18-48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6;

District File Number 448-542

Date Filed APR 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.....

William H. Elbins

....., Registered Apprentice No. 495

working under my personal supervision.

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

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.