S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17087

FILED MAY 24 1948

Registration District No. 351

Primary Registration District No. 3048

Registrar's No. 127

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital ~~or institution~~: St. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Gentry
(c) City or town Stanberry Mo N.W. 4 1/2 mi
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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0
0

3. (a) PRINT FULL NAME Mr Pete Peterson
3. (b) If veteran, name war
3. (c) Social Security No. NO
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Mrs Mattie Peterson
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased June (Month) 28 (Day) 1882 (Year)

8. AGE: Years 65 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Guilford Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Martin Peterson
13. Birthplace Denmark (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Maria Eckhoven
15. Birthplace Denmark (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Mattie Peterson
(b) Address Stanberry Mo
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/13/48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Stanberry Mo
18. (a) Signature of funeral director Ralph Phillips
(b) Address Stanberry Mo
19. (a) 5/15/48 (Date received local registrar) (b) Depo Hrd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1948 hour 7 minute P M.
21. I hereby certify that I attended the deceased from Feb 19 1948 to May 10 1948 that I last saw him alive on May 16 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon with Metastasis of the liver
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

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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 B. F. Byland (M. D. or other)
Address Maryville Mo Date signed 5/13/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Byland

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Latory J. Phelleyt

Licensed Embalmer No. 1898

P. O. Address Stonberry Md

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 [illegible], fact should be so stated above.