

No. 2-  
5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27057

FILED SEP 8 1948

State File No. ....

Registration District No. 210

Primary Registration District No. 5768

Registrar's No. 155

1. PLACE OF DEATH:

(a) County... Mercer

(b) City or town... Rural- Harrison Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution...  
In this community... 1 Year  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo. (b) County... Mercer 65

(c) City or town... Rural 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No... West of Princeton, Mo. 0  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country...

3. (a) PRINT FULL NAME Raymond Earl Peterson

3. (b) If veteran, name war... World War II

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31  
year 1948 hour 10 minute 7 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 1 1925  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

Due to gunshot wound

Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day

22 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: \_\_\_\_\_ Iowa /  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy 164C

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business \_\_\_\_\_

12. Name James Peterson

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

14. Maiden name Betty Betts  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Betty A. Cousins.  
(b) Address Gainsville, Mo.

17. (a) Burial (b) Date thereof 9-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cozabelle Ceme.

18. (a) Signature of funeral director Martin Funeral Home  
(b) Address Princeton, Mo.

19. (a) 9-3-48 (b) M. J. Ruth  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 8-31-48

(c) Where did injury occur? at home near mo  
(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 3 coroner

23. Signature C. D. Dickert (M. D. or other)  
Address Princeton Date signed 9-2-48

(Licensed Embalmer's Statement on Reverse Side)

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

Crash 507

SEP 11 1949

JUN 14 1949

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 Joan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, 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.