FILED OCT 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30150

BIRTH NO. _____ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1602 Registrar's No. 3962

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY, N.
c. LENGTH OF STAY (in this place): 36 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4212 E 44th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: CLAY
c. CITY OR TOWN: KANSAS CITY, N.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 4212 E 44th St.

5078

3. NAME OF DECEASED (Type or Print)
a. (First): ANNIE
b. (Middle): LAURA
c. (Last): PETERS

4. DATE OF DEATH (Month) (Day) (Year): SEPT 7 1956

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: NOV. 14 1878
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): ~~CLAY~~ RUSH CENTER KANSAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: George W. Welsh
13b. MOTHER'S MAIDEN NAME: ANNIE STIVERS
14. NAME OF HUSBAND OR WIFE: John E. Peters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Wilbur Peters 4212 E 44th St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral atherosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 331 X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-16, 1956, *to* 9-7, 1956 *that I last saw the deceased alive on* 9-6, 1956 *and that death occurred at* 2:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE David L. Zacharias (Degree or title): David L. Zacharias MD
23b. ADDRESS: 6644 North Oak
23c. DATE SIGNED: 9-8-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-10-56
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Liberty Mo.

DATE REC'D BY LOCAL REG.: 9-8-56
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: D.W. Newcomers Sons N.K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ..... Glenn H. Hill

Licensed Embalmer No. 4

P. O. Address K. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.