

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Dr. H. I. Taylor

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31790

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 251

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 35 years
years, months or days)

3. (a) PRINT FULL NAME David W. Peters

3. (b) If veteran, name war Spanish American 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Opal Peters 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased March 25 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 5 26 hr. min.

9. Birthplace Jackson County, Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Attorney at Law

11. Industry or business II

12. Name Scott Peters
13. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary J. Horton
15. Birthplace Franklin County, Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Scott Peters
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Sept-22-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California, Missouri

18. (a) Signature of funeral director Thos. J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 9/26/40 (b) 11/13/40
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1000 Fairmont
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 1940 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from Sept 16 1940, to Sept 20 1940
that I last saw him alive on Sept 20 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Shock

Due to Multiple Fractures of
pelvis bones & left hip
and bruising of body
Due to Automobile Accident

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 210

Of autopsy 11

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

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Sept 20 1940
(c) Where did injury occur? Jefferson City, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway

(Specify type of place) (e) Means of injury Auto
While at work? Yes

23. Signature H. I. Taylor (M.D. or other) MD
Address Jefferson City, Mo. Date signed 9/23/40

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

Corrected by Mrs. [illegible]

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.....

Licensed Embalmer No. 1286

P. O. Address Jefferson City, 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.