

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MAY 25 1942

Registration District No. 371

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4325

State File No.

Registrar's No. 30

18538

1. PLACE OF DEATH:

(a) County Monterey
(b) City or town California
(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 All her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Cordelia Sophia Peters

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Wh

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

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased

Mar 27 1882

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

60

2

12

hr. min.

9. Birthplace

Monterey

0 Mo

(City, town, or county)

(State or foreign country)

10. Usual occupation

House wife

11. Industry or business

MOTHER FATHER

12. Name

Albert Collett

13. Birthplace

Monterey

0 Mo

(City, town, or county)

(State or foreign country)

14. Maiden name

Anna Peters

15. Birthplace

Monterey

0 Mo

(City, town, or county)

(State or foreign country)

16. (a) Informant

John Peters

(b) Address

California Mo

17. (a)

Burial

(b) Date thereof

5/19/42

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Salem Evangelical

18. (a) Signature of funeral director

William T. Duedman

(b) Address

California Mo

19. (a)

5-19-42

(Date received local registrar)

(b) Mrs. James Roth

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monterey
(c) City or town California Mo 68
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1942 hour 12 minute PM

21. I hereby certify that I attended the deceased from May 12 to May 18, 1942
that I last saw her alive on May 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis

Duration

5 min

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

94a

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (e) Means of injury 2

23. Signature

A. J. Davison

(M.D. number) 50

Address

California

Date signed 5/19/42

510

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 1942

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..... *H. E. Friedmeyer*
.....
Licensed Embalmer No. *2854*
P. O. Address *California 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.