

FILED FEB 11 1944

Registration District No. 53

Primary Registration District No. 3011

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(c) Name of hospital or institution: State Clinic
(d) Length of stay: In hospital or institution 2 days

In this community years, months or days

3. (a) PRINT FULL NAME Peter Donius

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Kaiser 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Oct 4 1861

8. AGE: Years 82 Months 2 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Red Bud Ill

10. Usual occupation Farming

11. Industry or business _____

12. Name Unknown

13. Birthplace _____

14. Maiden name _____

15. Birthplace _____

16. (a) Informant Carl Donius

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 1-3-44

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Stanley

(b) Address Carrollton Mo

19. (a) 1-3-44 (b) Mr James Riffey

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town Rural
(d) Street No. _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1944 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec. 29 to Jan 1
that I last saw him alive on Jan 1 and that death occurred on the date and hour stated above.

Immediate cause of death: Double Lobar pneumonia due to pleur

Due to _____

Other conditions: _____

Major findings: _____

Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) _____

23. Signature R Hamilton _____ or _____

Address Carrollton, Mo Date signed Jan 4/44

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

17
1
1

MOTHER FATHER

105

RECEIVED

District Health Officer No. 3,

District File Number

Date Filed

2-8-64

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.....

Ben W. Gibson

Licensed Embalmer No.

2961

P. O. Address

Carrollton, 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.