

Registration District No. 297

Primary Registration District No. 602-16022

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Ray, Richmond Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
East of Ray, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. East of Ray, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT STREAT PETREE

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 24 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 15 X hr. X min.

9. Birthplace Caldwell Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farmer

MOTHER FATHER { 12. Name Henry Petree
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Anna Marie Hill
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Petree
(b) Address Rural Route, Braymer, Mo.

17. (a) Burial (b) Date thereof 7/11/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director Gene C. Michael

(b) Address Braymer, Missouri

19. (a) Aug 19 1948 Malvin Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1948 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept 8 1947 to July 9 1948
that I last saw him alive on July 8 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis 7

Due to Generalized Arteriosclerosis ?

Due to _____

Other conditions Cerebral Thrombosis (arteriosclerotic)
(Include pregnancy within 3 months of death) 2 months

Major findings: AS
Of operations _____
Of autopsy _____

Duration
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 _____

23. Signature J. E. Goldberg (M. D. or other) MD
Address Braymer, Mo. Date signed 7/11/48

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

RECEIVED

District Health Officer No. 8;

District File Number

Date Filed 9-9-42

OCT 18 1941

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 Gene C. Michal

Licensed Embalmer No. 4340

P. O. Address Braymor, Missouri

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.