N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40320

Registration District No. 583

Primary Registration District No. 5 [illegible]

Registrar's No.

1. PLACE OF DEATH:

(a) County ~~Rxxxx~~, Monroe, [illegible] 2

(b) City or town Rural-Perry, Mo. R.F.D.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Perry, Mo. R.F.D. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 85yrs 11 MO. 11 Dys. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri. (b) County Ralls,

(c) City or town Perry, Missouri. (Rural 0)
(If outside city or town limits, write "RURAL")

(d) Street No. Monroe Co. Perry, Mo. R.F.D.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Edward R. Underwood. 536

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nancy Fagan Underwood.

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

7. Birth date of deceased December, 8, 1853 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	11	11	hr. min.

9. Birthplace Monroe County, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Framer. 0

11. Industry or business Farm. 1

FATHER
12. Name Ruben Underwood.
13. Birthplace Unknown. (City, town, or county) Kentucky. (State or foreign country) 1

MOTHER
14. Maiden name Nancy Fry.
15. Birthplace Unknown. (City, town, or county) Kentucky. (State or foreign country)

16. (a) Informant's own signature Nancy Underwood
(b) Address Perry, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/39 (Month) (Day) (Year)
(c) Place: burial or cremation Lick Creek.

18. (a) Signature of funeral director Clyde C. Wilkey
(b) Address Perry, Missouri.

19. (a) Nov 25 (Date received local registrar) (b) P P Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 19, year 1939 hour 4:00 minute P.M.

21. I hereby certify that I attended the deceased from Oct. 6, 1939 to Nov. 19, 1939 that I last saw him alive on November, 19, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Stomach.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature John E. Brown (M. D. or other) [illegible]
Address Perry Mo. Date signed 11-2[illegible]

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-39-2048
Date Filed DEC 5 1939

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 Clyde C. Wilbey

Licensed Embalmer No. 3820

P. O. Address Perry, Mo.

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

If this body is not embalmed, above space should be left blank.