No. 2
4-13-40
5-17-39
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FILED NOV 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36485

Registration District No. 796 Primary Registration District No. 3038 Registrar's No. 161

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

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbons Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: One Week In this community: several years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Saline
(c) City or town: Salter (If outside city or town limits, write "RURAL")
(d) Street No.: (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Paulie Lee Perrin
3. (b) If veteran, name war: none
3. (c) Social Security No. 491-14-1661
4. Sex: male
5. Color or race: white
6. (a) Single, married, widowed, divorced: married
6. (b) Name of husband or wife: Lola Perrin
6. (c) Age of husband or wife if alive: 30 years
7. Birth date of deceased: May (Month) 4th (Day) 1908 (Year)

8. AGE: Years 32 Months 5 Days 11 If less than one day hr. min.

9. Birthplace: Macon, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: laborer
11. Industry or business:
FATHER
12. Name: K. Wessley Perrin
13. Birthplace: Macon County, (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: Lizzie Powell
15. Birthplace: Randolph Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs. Lola Perrin
(b) Address: Slater, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-17-'40 (Month) (Day) (Year)
(c) Place: burial or cremation: Slater, Mo.
18. (a) Signature of funeral director: Hill Brothers
(b) Address: Slater, Mo.
19. (a) 10-17-40 (Date received by local registrar) (b) Mary Kent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th year 1940 hour 0 minute 0 p. m.

21. I hereby certify that I attended the deceased from Aug. 26, 1940, to Oct. 15, 1940, that I last saw him alive on Oct. 15, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. nephritis	5 mo.
Due to: Pulmonary Tuberculosis	Years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Of autopsy:

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: C. A. McTurney (M. D. or other) Address: Slater, Mo. Date signed 10/16/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-13-40

JUN 8 1948

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~~ Edgar Moore, Registered Apprentice No. 230 working under my personal supervision.

Signed A. C. Hill

Licensed Embalmer No. 3000

P. O. Address Slater, Mo.

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

If this body is not embalmed, fact should be so stated above.