DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB MAR 19 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 6778

Registration District No. 237

Primary Registration District No. 4144

Registrar's No.

1. PLACE OF DEATH:
(a) County: Dade
(b) City or town: Greenfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Greenfield, Mo 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 60 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Dade 29
(c) City or town: Greenfield 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME: William J. Perry

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~~: Married

6. (b) Name of husband or wife: Mrs. W. J. Perry

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: Dec. (Month) 4 (Day) 1880 (Year)

8. AGE: Years 60 Months 2 Days 11 If less than one day hr. min.

9. Birthplace: Dudenville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Chas. W. Perry
13. Birthplace: Unknown (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: Florance Perry
15. Birthplace: Greenfield (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature: Mrs. B. H. Merrill
(b) Address: Greenfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenfield

18. (a) Signature of funeral director: Harrison Funeral Home
(b) Address: Greenfield Mo

19. (a) 2-17-41 (Date received local registrar) (b) Geo. L. Weir (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15 year 1941 hour 1:00 minute a. M.

21. I hereby certify that I attended the deceased from June 1, 1940 to Feb. 15, 1941, that I last saw him alive on Feb. 14, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Decompensated Heart

Due to:

Due to: ASV

Other conditions (Include pregnancy within 3 months of death):

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

23. Signature: J. W. Cowan (M. D. or other)
Address: Greenfield Mo Date signed 2-15-41

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

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.

50M-5-17-39
Rev. 5-17-39
Form I X19511

RECEIVED
District Health Officer No. 6,
District File Number 341-472
Date Filed MAR 14 1969

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**