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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Farthing 14585
State File No. _____
Registrar's No. 359

Registration District No. 318

Primary Registration District No. 2001

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
6429

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Burge Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Ruby Perryman
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Henry Perryman 6. (c) Age of husband or wife if alive Unknown
7. Birth date of deceased Dec. 19 1907
(Month) (Day) (Year)

8. AGE: Years 33 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Ed. Crisp
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name (Unknown) Smith
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Perryman
(b) Address Chadwick, Mo.

17. (a) Burial (b) Date thereof April 29 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East lawn

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 4-29-41 (b) W.E. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 22
(a) State Missouri (b) County Christian
(c) City or town Chadwick
(If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1941 hour 6 minute a. M.

21. I hereby certify that I attended the deceased from April 20, 1941, to Apr. 27, 1941,
that I last saw h. er alive on April 27, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous 14 5 days
peritonitis

Due to Infected abortion 1 month

Due to _____

Other conditions Pregnancy 4 mo.
(Include pregnancy within 3 months of death)

Major findings: none
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? Yes

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

23. Signature Dr. Fred R. Farthing (M. D. or other) 1
Address Springfield, Mo. Date signed 4/28/41

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.

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