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

FILED JUN 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18639

Registration District No. 660 Primary Registration District No. 5878 Registrar's No.

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Perryville Mo. Centril
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry 79
(c) City or town Perryville Mo. 0
(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 Verla May Wilfong
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex / Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 31 (Day) 1941 (Year)
8. AGE: Years Months Days If less than one day 7 hr. min.
9. Birthplace Perryville (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name Lester B. Wilfong
13. Birthplace Bollinger Co (City, town, or county) 0 Mo. (State or foreign country)
14. Maiden name Nellie J. Reissler
15. Birthplace Cape Girardeau Co (City, town, or county) 0 Mo. (State or foreign country)
16. (a) Informant Lester B. Wilfong
(b) Address Perryville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Post Oak Cemetery
18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.
19. (a) 6-1-41 (Date received local registrar) (b) Joe G. Zellner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1941 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from May 31, 1941, to , 19 ; that I last saw alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature birth 7 months	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Oscar A. Carron (M. D. or other) 0
Address Perryville, Mo. Date signed 5-31-41

(Licensed Embalmer's Statement on Reverse Side)

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 wit the above constitutes grounds for revocation of license.)

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