

Registration District No. 421

Primary Registration District No. 55750

Registrar's No. 62

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town CRYSTAL CITY
(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) 19 YEARS

3. (a) PRINT FULL NAME TRESA VERNON

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 MARRIED

6. (b) Name of husband or wife ANTHONY VERNON 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased MARCH 25, 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>5</u>	<u>-</u>	hr. _____ min. _____

9. Birthplace PERRYVILLE, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business OWN HOME

12. Name WILLIAM BARKS

13. Birthplace PERRYVILLE MO
(City, town, or county) (State or foreign country)

14. Maiden name SARAH MASTERS

15. Birthplace PERRYVILLE MO
(City, town, or county) (State or foreign country)

16. (a) Informant Anthony Vernon
(b) Address Crystal City, Mo.

17. (a) Burial (b) Date thereof AUGUST 21, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CRYSTAL CITY, MO.

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) Aug 21/41 (b) J. E. Riddle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON

(c) City or town CRYSTAL CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 213 OLIVE STREET
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 25
year 1941 hour 5 minute 39 P.M.

21. I hereby certify that I attended the deceased from March 7th, 1941 to August 25, 1941;
that I last saw her alive on August 25, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of mouth
about 1 1/2 yrs

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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 _____
Signature J. E. Riddle (M. D. or other) _____
Address Crystal City, Mo. Date signed _____

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

MOTHER FATHER

Duration
Physician
Underline the cause to which death should be charged statistically.

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 Gentry R. Peltte
Licensed Embalmer No. 3481
P. O. Address Crystal City, 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.