

JAN 14 1942

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 205

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McCune Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 402 E 4 th.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country A

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year '41 hour 7:10 minute A M.

21. I hereby certify that I attended the deceased from Dec 8
1941 to Dec. 20 1941;
that I last saw h. W. alive on Dec. 19 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage Duration 12 days
Due to Cerebral sclerosis 7 yrs

Other conditions _____
(Include pregnancy within 3 months of death) 83a
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

Hattie Eunice Perry

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 1 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 1 19 hr. min.

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

10. Usual occupation At Home

11. Industry or business None

12. Name Wm D Perry

13. Birthplace Unknown New York
(City, town, or county) (State or foreign country)

14. Maiden name Jeannette Lawton

15. Birthplace Unknown New York
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mack Logan
(b) Address 403 E 4th. Carthage Mo.

17. (a) Burial (b) Date thereof Dec. 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery Knell Mortuary

18. (a) Signature of funeral director Carthage Mo.

(b) Address Carthage Mo.
19. (a) Dec 22, 1941 (b) E. J. Mc Intire, M.D.
(Date received local registrar) (Registrar's signature)

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)
(c) Means of injury _____
23. Signature P. H. Webster (M. D. or other) J
Address Carthage Mo. Date signed Dec 22 1941

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

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..... *John D. Batchelder*

Licensed Embalmer No..... *4153*

P. O. Address..... *Carthage, 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.