

FILED MAR 14 1942

Registration District No.

Primary Registration District No. 59-9-5995

Registrar's No. 1434

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

1. PLACE OF DEATH:

(a) County Ripley Washington

(b) City or town Ripley
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3 miles North of Naylor
(If no hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley

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

(d) Street No. 3 miles North of Naylor
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Bobbie Jean Perren

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 2
year 1942 hour 5 minute 5P. M.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife.....

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

7. Birth date of deceased Jan. 15, 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from neither to neither, 19.....

that I last saw him alive on neither, 19.....

and that death occurred on the date and hour stated above.

8. AGE: Years 1 Months 1 Days 17
If less than one day hr. min.

Immediate cause of death pneumonia
(on my judgement post laboratory)

Due to acid without medical attendance

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

9. Birthplace Butler Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation #

Major findings: Of operations none 10911

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business.....

12. Name Robert S. Perren

13. Birthplace Butler Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Irene Sheppard

15. Birthplace Butler Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant R.S. Perren

(b) Address Naylor, Mo.

17. (a) burial (b) Date thereof 3/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harris Ridge Cemetery

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?.....

18. (a) Signature of funeral director Minnie Gism

(b) Address Naylor, Mo.

19. (a) 3/3/42 (b) Bertha White
(Date received local registrar) (Registrar's signature)

While at work?.....
(Specify type of place) (c) Means of injury

23. Signature Hewlett M. Gandy
Address Naylor Mo Date signed 3/4/42

MAR 1 2 1942

MAR 1 4 1942

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.

This body was not embalmed.

Signed *B. C. Mc Cord*

Licensed Embalmer No. *4279*

P. O. Address *Naylor, 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.