

293

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

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Joseph 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 hrs
(Specify whether years, months or days)
In this community most all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles 22
(c) City or town St Paul 0
(If outside city or town limits, write "RURAL")
(d) Street No. DeFrance Mo 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes name country _____

3. (a) PRINT FULL NAME CLYDE PHERIGO

3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-05-6160

4. Sex M 0 race W 5. Color or _____
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased Sept 1 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 5 7 hr. _____ min.

9. Birthplace Marion Co Ark 1
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

12. Name Thomas Pherigo

13. Birthplace Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Opheya Hartan

15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Clyde Pherigo

(b) Address DeFrance Mo

17. (a) Paul (b) Date thereof March 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Genealogy mt

18. (a) Signature of funeral director Walter Wray
(b) Address Wentzville Mo

19. (a) March 4, 1942 (b) Clarence G. Weaster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from March 3
1942 to _____ 19____
that I last saw him alive on March 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death — Falun pneumonia
Duration 3 days

Due to _____
Due to _____

Other conditions Reduction for ch. Empyema
(Include pregnancy within 3 months of death)

Major findings: Empyema
Of operations _____
Of autopsy 108

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? _____

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

23. Signature Vernon A. Schmidt (M. D. or other) MD
Address St Charles Mo Date signed March 4

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. 2461
working under my personal supervision.

Signed

Marin Muedong

Licensed Embalmer No. 2461

P. O. Address Wentzville 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.