S. No. 2
1—9-4-41
. 5-17-39
PI—X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19186

State File No.

Registration District No. 830 Primary Registration District No. ~~4503~~ 4500 Registrar's No. 64

1. PLACE OF DEATH:

(a) County SHELBY

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

(c) Name of hospital or institution: none 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community LIFE TIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102 1

(c) City or town Clarence 0
(If outside city or town limits, write "RURAL")

(d) Street No. None
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME CASSIE BELL PERRY

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife Ben F Perry

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

7. Birth date of deceased Nov 26 (Month) 1869 (Day) (Year)

8. AGE: Years 72 Months 5 Days 12 If less than one day hr. min.

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

10. Usual occupation FARMEWIFE

11. Industry or business

FATHER
12. Name WILLIAM THOMAS MINNICK
13. Birthplace (City, town, or county) Ill 1 (State or foreign country)

MOTHER
14. Maiden name ELIZIBETH CARROLL
15. Birthplace (City, town, or county) Dont Know 9 (State or foreign country)

16. (a) Informant DULSIE PERRY
(b) Address CLARENCE Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 9 1942 (Month) (Day) (Year)
(c) Place: burial or cremation BACON CHAPPLE

18. (a) Signature of funeral director Millicent Barkelew
(b) Address Clarence Mo

19. (a) May 22 42 (Date received local registrar) (b) Madge Gooch (Registrar's signature)

1095

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1942 hour 4 minute 30 a M.

21. I hereby certify that I attended the deceased from Sept 11, 1942, to May 7, 1942
that I last saw her alive on May 5, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	12 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94a

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 0

23. Signature D. L. Harlan (M. D. or other) MD
Address Clarence Date signed Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-42-1273
Date Filed JUN - 9 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.

Signed Marion E. Milner

Licensed Embalmer No. 395-7

P. O. Address Shelbina 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.