S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30370

Registration District No. 741 — Primary Registration District No. 5551 — Registrar's No. 98

46 0 0

1. PLACE OF DEATH:

(a) County: HOWELL

(b) City or town: "RURAL" HOWELL TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HOMELAND COMMUNITY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: No. (Specify whether years, months or days)

In this community: 37 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: HOWELL

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

(d) Street No.: HOWELL TWP.
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: HOWARD KING PERLEY

3. (b) If veteran, name war: No.

3. (c) Social Security No.:

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: BERTHA BISSETT PERLEY

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: AUGUST (Month) 24 (Day), 1866 (Year)

8. AGE: Years 76 Months 0 Days 28 If less than one day: hr. min.

9. Birthplace: PROVIDENCE (City, town, or county), RHODE ISLAND (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business: OWN FARM.

FATHER
12. Name: JOHN PERLEY
13. Birthplace: — (City, town, or county), MAINE (State or foreign country)

MOTHER
14. Maiden name: LODOISKI A. BAGLEY
15. Birthplace: MILTON (City, town, or county), VERMONT (State or foreign country)

16. (a) Informant: MRS. BERTHA PERLEY
(b) Address: WEST PLAINS, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: SEPT. 25, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: OAK LAWN CEM. WEST PLAINS, MO.

18. (a) Signature of funeral director: Hal Thornburgh
(b) Address: WEST PLAINS, MO.

19. (a) 9-24-42 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 22, year 1942 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 8, 1942 to Sept. 22, 1942; that I last saw him alive on May 9, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of the stomach — Duration

Due to:

Due to:

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

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:

23. Signature: [signature] (M. D. or other)

Address: West Plains, Mo. Date signed: 9-24-42

112

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 1042923
Date Filed 10-7-42

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 Hal Thoumburgh

Licensed Embalmer No. 3408

P. O. Address WEST PLAINS, M

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.