

FILED NOV 17 1942

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Macon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 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 \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon  
(c) City or town Macon  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Smith David Perry

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased July 28 1864  
(Month) (Day) (Year)

8. AGE:

Years 78 Months 2 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation miner

11. Industry or business \_\_\_\_\_

12. Name Chas Perry

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

14. Maiden name Ann Ely Edwards

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

16. (a) Informant Mrs Chas Knapp

(b) Address Macon mo

17. (a) burial

(b) Date thereof Oct 29-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woringer mo

18. (a) Signature of funeral director Albert Skump

(b) Address Macon mo

19. (a) 11/5/42

(b) Jora B. Hunter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 year 1942 hour 9:45 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from off + on for 3 years to \_\_\_\_\_, 19\_\_\_\_ that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage - 1st

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: Previous hemorrhage  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Howard Miller (M. D. or other) \_\_\_\_\_

Address Macon mo Date signed 11/29/42

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

61  
951

1037

RECEIVED

District Health Officer No. 10

District File Number 11-42-2073

Date Filed NOV 16 1942

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.