

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41603**

FILED JAN 14 1943
Registration District No. **275**

Primary Registration District No. **3053**

Registrar's No. **136**

1. PLACE OF DEATH:
(a) County **Phelps**
(b) City or town **Rolla**
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution.....
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Phelps**
(c) City or town **Rolla**
(d) Street No. **1314 State St**
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Henry Barker Perry**
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **16** year **1942** hour **11:45** minute..... P.M.

4. Sex **mo** 5. Color or race **wh** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Mary Perry** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Feb 14, 1868**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 1, 1942** to **Dec 16, 1942** that I last saw him alive on **Dec 16, 1942** and that death occurred on the date and hour stated above.

8. AGE: Years **74** Months **10** Days **21** If less than one day hr. min.

Immediate cause of death **Chr myocarditis** Duration **3 yrs**

9. Birthplace **Hadleigh Suffolk England**
(City, town, or county) (State or foreign country)

Due to.....
Due to.....
Other conditions **Senility**
(Include pregnancy within 3 months of death)

10. Usual occupation **book**

11. Industry or business **county Court House**

12. Name **Earnest F. B. Perry**
13. Birthplace **England**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary**
15. Birthplace **Knowlton**
(City, town, or county) (State or foreign country)

16. (a) Informant **Earnest Perry**
(b) Address **St Louis Mo**

17. (a) **Rolla** (b) Date thereof **Dec 18, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Rolla Cem**

18. (a) Signature of funeral director **Rolla**
(b) Address **Rolla Mo**
19. (a) **127 1/2 State** (b) **Rolla Mo**
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations.....
Of autopsy.....

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 **E. E. F. Perry** (M.D. or other)
Address **Rolla Mo** Date signed **12-16-42**

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

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

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 S. L. Murrell

Licensed Embalmer No. 3294

P. O. Address Rolla 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.