

FILED APR 14 1943
Registration District No. **712**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **2100 Block St. Joseph Ave 3**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **abt 25 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO**

(b) County **Buchanan**

(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")

(d) Street No. **513 Messanie St.**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **CHARLEY-HENRY-PERRIN**

3. (b) If veteran, name war **no**

3. (c) Social Security **491-10-1201**

4. Sex **male**

5. Color or race **Whd**

6. (a) Single, widowed, married, divorced **3 divorced**

6. (b) Name of husband or wife **Fay Hensley**

6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **June 20 1880** (Month) (Day) (Year)

8. AGE: Years **62**, Months **8**, Days **18**

If less than one day _____ hr. _____ min.

9. Birthplace **near Union Star Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Blacksmith**

11. Industry or business _____

12. Name **Robt. Henry Perrin**

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

14. Maiden name **Mary Mc Guinn**

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

16. (a) Informant **Mrs. A. Hutchins**

(b) Address **505 Middleton St. Joseph, Mo**

17. (a) **B.** (b) Date thereof **3-10-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Shroud Cem**

18. (a) Signature of funeral director **Roy Stamey**

(b) Address **St. Joseph Mo**

19. (a) **3-10-43** (Date received local registrar)

(b) **Perk Hengog** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March**, day **8**, year **1943**, hour **2**, minute **0** P.M.

21. I hereby certify that I attended the deceased **on** **Mar 8th** 19**43**, and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Thrombosis 1 day**

Due to: **Chronic Angina Pectoris 2 yrs**

Due to: **man died suddenly in the 2100 block on St. Joseph Ave. He had changed a tire on his automobile, and was putting the away the tools when he died. Mrs's suddenly fell dead.**

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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) **94a**

(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 **H F Munday** (M. D. or other)

Address **404 So 3rd St. St. Joseph Mo**

Date signed **3/9/43**

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.....

John Roy Stoney

Licensed Embalmer No. *2435*

P. O. Address.....

St. Joseph

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.