

Registration District No. 218

Primary Registration District No. 3017

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

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution:  
ALEX RAVENSWAAY HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether years, months or days)

In this community 1 DAY

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NORMA ANN PERRY

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

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

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

7. Birth date of deceased JUNE 17 1942  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>8</u>	<u>22</u>	_____ hr. _____ min.

9. Birthplace BLACKWATER MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation CHILD

11. Industry or business HOME

MOTHER FATHER {

12. Name CURTIS PERRY

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

14. Maiden name MAGGIE HATFIELD

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

16. (a) Informant CURTIS PERRY

(b) Address LAMINE, MO.

17. (a) BURIAL (b) Date thereof 3/10/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD LAMINE CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) Mar-10-43 (b) Dr Ghas Swap  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 9  
year 1943 hour 3 minute A M.

21. I hereby certify that I attended the deceased from 3-8-1943 to 3-9-1943  
that I last saw her alive on 3-8-1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration 2 days

Septicemia, convulsions

Due to Pneumonia?

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

Other conditions (include pregnancy within 3 months of death) 85

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 D

23. Signature Hubert H. Wells M. D. (Seal)  
Address Boonville, Mo Date signed 3-10-43

1088

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-2-43

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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

*James W. Stegner*

Licensed Embalmer No.

3780

P. O. Address

Boonville, 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.