S. No. 2
M—5-42
5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

24310

State File No.

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 174

10 2 4

**1. PLACE OF DEATH:**

(a) County: Boone

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

(c) Name of hospital or institution:
Boone County Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 9 Hours (Specify whether years, months or days)
In this community: 10 Years

**2. USUAL RESIDENCE OF DECEASED:** 10

(a) State: Missouri (b) County: Boone 2

(c) City or town: Columbia 4
(If outside city or town limits, write "RURAL")

(d) Street No.: 204 S. Williams
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: MARY FRANCES PERRYMAN

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: Widowed 2

6. (b) Name of husband or wife: George H. Perryman

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

7. Birth date of deceased: 9 (Month) - 24 (Day) - 1869 (Year)

8. AGE: Years 73 | Months 9 | Days 23 | If less than one day: hr. min.

9. Birthplace: Carroll County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Frank Midyett
13. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Callie Turner
15. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Malcolm Perryman
(b) Address: 204 S. Williams, Columbia, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 7-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Chillicothe, Missouri

18. (a) Signature of funeral director: Columbia, Mo.
(b) Address:

19. (a) 7-17-1943 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

(2.50) (Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 17 year 1943 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from July 10, 1943, to July 17, 1943, that I last saw him alive on July 17, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinomas of ovary — Duration: 2 yrs

Due to:

Due to: Carcinomatosis

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

Major findings:
Of operations: none
Of autopsy: none

49a

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): no

(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: Dudley A. Robuck (M. D. or other) MD

Address: Columbia MO Date signed: 7/17/43

SEP 17 1943

OCT 16 1953

## 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 W. S. Whitesides

Licensed Embalmer No. 3893

P. O. Address Columbia 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.**