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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24552

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 235

1. PLACE OF DEATH

(a) County CALLAWAY

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

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

(d) Length of stay: In hospital or institution 22 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Calloway 14 1 2

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

(d) Street No. 307 W. 2nd St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME GERTRUDE PERRY

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race White

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

6. (b) Name of husband or wife FRANK PERRY

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased DK. (Month) DK. (Day) DK. (Year)

8. AGE: Years About 61 | Months | Days | If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name JOHN HENDERSON
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Frank Perry
(b) Address 307 W. 2nd St. Fulton, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mint Hill Cemetery

18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 712 Court St. Fulton, Mo.

19. (a) July 29-43 (Date received local registrar) (b) Josie Morsuckhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27, year 1943 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov. 1, 1937 to July 27, 1943 that I last saw him alive on July 27, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema

Due to Toxemia

Due to Pyelonephrosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none. 133a

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)

(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 0

23. Signature [illegible] (M. D. or other)

Address 602 Court Fulton Date signed 7-28-43

(Licensed Embalmer's Statement on Reverse Side)

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 Glen H. Mangum

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.