

Registration District No. 2773

Primary Registration District No. 5919

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural Saline Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Eddie Leo Vessells
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 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 April 15, 1933
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 3 4 hr. min.

9. Birthplace Perry County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

MOTHER FATHER { 12. Name Leo B. Vessells
13. Birthplace Perry County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary M. Moore
15. Birthplace Perry County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Leo B. Moore

(b) Address Perryville, R.1.

17. (a) Burial (b) Date thereof July 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Ray Funeral Home

(b) Address Perryville, Mo.

19. (a) July 20 43 (b) Not signed
(Date reported local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry
(c) City or town Rural Saline
(If outside city or town limits, write "RURAL")
(d) Street No. Perryville, R.1
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th
year 1943 hour 2:00 minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Drowning

Due to _____

Due to 183-3

Other conditions 36
(Include pregnancy within 3 months of death)

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) accident
(b) Date of occurrence July 19 1943
(c) Where did injury occur New River Perry Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work yes (Specify type of place) Drowning
(e) Means of injury from corner

23. Signature W. H. Bailey (M. D. Boomer)

Address Perryville Mo Date signed 7/19/43

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

RECEIVED

District Health Officer No. 4
District File Number 843-25
Date Filed 8-11-43

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.