

FILED DEC 20 1943  
Registration District No. 2000

Primary Registration District No. 3000

Registrar's No. 287

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Grinn Smith Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether  
In this community All its life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Adair

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

(d) Street No. Grinn Smith Hospital  
(If rural, give location)

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

3. (a) PRINT FULL NAME James William Perry

3. (b) If veteran name war -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day November  
year 1943 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from Oct 15  
1943 to Nov 9 1943  
that I last saw him alive on November 9 1943  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race White

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

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

7. Birth date of deceased July 19 1942  
(Month) (Day) (Year)

Immediate cause of death Recurrent pneumonia - bronch - Duration 2 days

Due to Previous pneumonia 1 mo

Due to 107

8. AGE: Years Months Days If less than one day

1	3	21	hr. min.
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9. Birthplace Atlanta, Ga mo  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation

11. Industry or business

MOTHER FATHER {

12. Name James Perry

13. Birthplace Knox Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Maguire McEwen

15. Birthplace Knox Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Madison Perry

(b) Address Atlanta 2000

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Cherry Ave mo

18. (a) Signature of funeral director Frank Wadding

(b) Address Atlanta mo

19. (a) 11/12/43 (Data received local registrar) (b) Mrs. J. D. Wagoner (Registrar's signature)

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) (c) Means of injury

23. Signature Adairville Mo (M. D. or other) Mo  
Address Kirkville Mo Date signed 11-10-43

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

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RECEIVED

District Health Officer No. 10

District File Number 12-43-2640

Date Filed DEC 18 1943

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. 1758

P. O. Address. Atlanta 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.