

FILED APR 7 1944
Registration District No. 243

Primary Registration District No. 4364

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Stella
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Cordwell Hospital Stella, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 1 Day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald's
(c) City or town Rural, Eminon, Mo. of Anderson
(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 ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th
year 1944 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 2nd
4th to March 6th 1944
that I last saw her alive on March 6th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: PERITONITIS - Post Operative
Due to PYOSAL/PINX ✓

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

Major findings:
Of operations: _____
Of autopsy: _____

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 ✓
23. Signature [Signature] (M. D. or other) N.D.
Address Anderson Date signed 3/9/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME NORA LEE PERRY

3. (b) If veteran, name war none 3. (c) Social Security No. 522-24-058

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: Oct 10 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 4 26 ✓ hr. ✓ min.

9. Birthplace: Hilda Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Store clerk

11. Industry or business: ✓

12. Name Andrew Perry
13. Birthplace unknown Texas 1
(City, town, or county) (State or foreign country)
14. Maiden name Emma Preston
15. Birthplace unknown Texas 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Dorothy
(b) Address Anderson mo
17. (a) Burial (b) Date thereof 3-9-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Anderson, mo

18. (a) Signature of funeral director Patton Funeral Home
(b) Address Anderson mo
19. (a) 3-13-44 (b) Alpha P. Hale Dyer
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

1817

RECEIVED

4/5/44

District Health Officer No. _____

District File Number 444-~~67~~67

Date Filed 4/6/44

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 me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed R.E. Cleathan

Licensed Embalmer No. 3813

P. O. Address Anderson mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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Primary Registration District No. 4364

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

1. PLACE OF DEATH:

(a) County Newton

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Nora Lee Perry

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 10 1901
(Month) (Day) (Year)

8. AGE: Years 36 Months 4 Days _____ If less than one day, _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 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 Peritonitis
Post operative

Due to pyosalpinx
(NON GONORRHOEA)

Due to Hypertension

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

Major findings:
Of operations _____

Of autopsy _____

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 _____

23. Signature W. Bush (M.-D. or other) MD

Address Anderson MO Date signed 5/27/44

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

FEB 8 1946

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