S. No. 2
M—2-43
5-17-39
I X35697

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

4812

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14264
State File No.

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 128

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South 13th Street 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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff (If outside city or town limits, write "RURAL") 7
(d) Street No. South 13th Street (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Willie Jackson Perry
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Terrell Perry
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased JAN (Month) 26 (Day) 1896 (Year)

8. AGE: Years 48 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Poplar Bluff (City, town, or county) MO. (State or foreign country)
10. Usual occupation housewife
11. Industry or business home
MOTHER FATHER
12. Name William Jackson Randles
13. Birthplace unknown (City, town, or county) Ohio (State or foreign country)
14. Maiden name Sarah Smithers
15. Birthplace Richland (City, town, or county) MO. (State or foreign country)
16. (a) Informant Terrell Perry
(b) Address Poplar Bluff, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-44 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director Frank Cottrell
(b) Address Poplar Bluff, Missouri
19. (a) 4-21-44 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1944 hour 5 minute P. M.
21. I hereby certify that I attended the deceased from January 28 1944 to April 15 1944 that I last saw he alive on April 15-44 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis Pulmonary Edema	
Due to	
Due to	
Other conditions Hypotension, (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)
(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 J. S. Schumpert (M. D. or other)
Address Fordyce, Ark. Date signed 4-16-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 544-685
Date Filed 5-11-44

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.....

....., 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, fact should be so stated above.