

No. 2  
-5-43  
-17-39  
X36671

FILED JUN 12 1944  
Registration District No. 3907

Primary Registration District No. 6139

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

1. PLACE OF DEATH:

(a) County Shelby  
(b) City or town Shelbyville - Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Shelbyville - Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life \_\_\_\_\_ (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME EMMA LAURA PERRY  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. PERRY

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Joseph A Perry  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb 23 1874  
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 21 Less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Shelby Co. Mo. D  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name George Dickel  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Stewart  
15. Birthplace Penn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ed Vittoria  
(b) Address Shelbyville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation C.O.P. Cemetery

18. (a) Signature of funeral director E.P. Thompson  
(b) Address Shelbyville, Mo.

19. (a) May 19 44 (b) W. J. Brock  
(Date received at local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby 10<sup>th</sup>  
(c) City or town Shelbyville - Rural  
(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 May day 14  
year 1944 hour 5:00 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Aug 44  
18 to May 14 1944  
that I last saw him alive on April 2 16 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
epi-ventricular tachycardia 1 yr  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions pellet mal 1 yr  
(Include pregnancy within months of death)

Major findings: 92d  
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) (c) Means of injury \_\_\_\_\_

23. Signature Clarence (M. D. or other) MD  
Address \_\_\_\_\_ Date signed mo

LLER



THIS ILLUSTRATION  
SHOWS HOW THE  
STRIPS LOOK WHEN  
PROPERLY ATTACHED  
TO SHADE AND  
ROLLER.

RECEIVED  
Dist. of Health, Officer No. 10  
District File Number 6-44-1118  
Date Filed JUN 9 1944

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.....

*Myself*

Registered Apprentice No.....

working under my personal supervision.

Signed *EP Thompson*.....

Licensed Embalmer No. *1632*.....

P. O. Address *Shelbyville, 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.