V. S. No. 2
100M—8-43
Rev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24755

State File No.

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 286

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 113 West Crowder Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 68 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy 40
(c) City or town Trenton
(If outside city or town limits, write "RURAL")
(d) Street No. 113 West Crowder Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elisha R. Perrin
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 Widowed
6. (b) Name of husband or wife Lolu Hammah Perrin
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Oct (Month) 6 (Day) 1862 (Year)

8. AGE: Years 83 Months 9 Days 16 If less than one day — hr. — min.

9. Birthplace Kaseville (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Retired RR Conductor
11. Industry or business Railroad
FATHER
12. Name Elijah - Perrin
13. Birthplace unknown (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant Ruth A. McComb
(b) Address Trenton Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-25-44 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Grove, Trenton Mo.
18. (a) Signature of funeral director Rayne A. Davis
(b) Address Trenton, Mo
19. (a) 7-25-44 (Date received local registrar) (b) L. S. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 22 year 1944 hour 1:15 minute P M.
21. I hereby certify that I attended the deceased from May 1st, 1944 to July 22nd, 1944 that I last saw him alive on July 22nd, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malignancy of Stomach	1 year
Due to Do not Know	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46b

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 Oliver Duffy M.D. (M.D. or other)
Address Trenton Mo. Date signed 7-25-44

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton, 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.