

S. No. 2
M-5-42
5-17-39

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27775

Registrar's No. 641

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1125 S. NATIONAL
(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 MO (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2200 N. Travis 6
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JAMES HARVEY PERRYMAN
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6th
year 1944 hour 4 minute 50 A.M.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced, or MARKED
(b) Name of husband or wife MARGARET B. PERRYMAN
(c) Age of husband or wife if alive 46 years
7. Birth date of deceased Feb 11 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4/27/1944 to 8/6/1944
that I last saw him alive on 7/9/1944
and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 5 Days 25
If less than one day hr. min.

Immediate cause of death
Generalized arteriosclerosis
& Generalized arteriosclerosis

9. Birthplace Greene Co. MO.

Due to.....
Due to.....

10. Usual occupation Retired Carpenter

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

11. Industry or business BUILDER

Major findings: Of operations 97

12. Name Thomas Perryman

Of autopsy.....

13. Birthplace Unknown

14. Maiden name Lydia Wallace

15. Birthplace Unknown

22. If death was due to external causes, fill in the following:

16. (a) Informant Margaret B. Perryman
(b) Address 2200 N. Travis, Springfield, Mo.

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....

17. (a) Burial (b) Date thereof Aug 2-1944
(c) Place: burial or cremation Green Lawn Cem.

(c) Where did injury occur?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

18. (a) Signature of funeral director J. W. Kingler to
(b) Address Springfield, Mo.

While at work?.....
(Specify type of place) (a) Means of injury.....

19. (a) 8/8/44 (b) J. S. McHardy
(Date received local Registrar) (Registrar's signature)

23. Signature O. E. Teller (M. D. or other)
Address Springfield, Mo. Date signed 8/8/44

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

9
2
6

984

(Licensed Embalmer's Statement on Reverse Side)

PHYSICIAN

Underline the cause to which death should be charged statistically.

SEP 22 1944

JUN 13 1950

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.

X