

FILED SEP 12 1944

Registration District No. **168**

Primary Registration District No. **4257**

Registrar's No.

1. PLACE OF DEATH

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**
(c) City or town **Lee ton, Mo.** **51**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Edna Lamartine Perry**

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

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **WALTER L. Perry** 6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **October 3, 1872**
(Month) (Day) (Year)

8. AGE: Years **71** Months **11** Days **1**
If less than one day hr. min.

9. Birthplace **Johnson, Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **William Abington**
13. Birthplace **Va.**
(City, town, or county) (State or foreign country)
14. Maiden name **Susan K. Patrick**
15. Birthplace **Va.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lee Perry**
(b) Address **Lee ton, Mo.**

17. (a) **Rural** (b) Date thereof **Sept. 6, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Mo.**

18. (a) Signature of funeral director **R.A. Brauninger**

(b) Address **Lee ton, Mo.**

19. (a) **Sept. 5, 1944** (b) **R.A. Brauninger**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept. 7** day
year **1944** hour **4:00 AM** minute **M.**

21. I hereby certify that I attended the deceased from **March 7**
1944 to **Sept 4** **1944**
that I last saw her alive on **Aug 28** **1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**

Due to **Arteriosclerosis + hypertension** **20 years**

Due to **diabetes mellitus**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **61**

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 **0**

23. Signature **O. J. Johnson M.D.** (Physician's name)

Address **Warendsburg, Mo.** Date signed **9-4-44**

Duration **7 hr.**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

JAN 22 1947

934.05
88.60
845.45

13950
2
27900

28
71
2287

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 *J. M. Branniger*
Licensed Embalmer No. 3377
P.O. Address Lecton, 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.