

FILED OCT 3 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 4459

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Osceola  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) \_\_\_\_\_

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community All of Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair

(c) City or town Osceola  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Chas. W. Perrin

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15  
year 1944 hour 10 minute 9 M.

21. I hereby certify that I attended the deceased from 6-13, 1944, to 9-15, 1944;  
that I last saw him alive on 9-15, 1944;  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Nettie Perrin 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: (Month) 7 (Day) 19 (Year) 1871

Immediate cause of death Coronary occlusion Duration 24 hrs.

Due to arteriosclerosis

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 73 Months 1 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Osceola (City, town, or county) Mo (State or foreign country)

10. Usual occupation Stone Mason

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

12. Name Richard Perrin

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Hanny B. McKinley

15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Deborah Perrin  
(b) Address Osceola Mo

17. (a) Burial (b) Date thereof 9-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osceola Mo

18. (a) Signature of funeral director Opus F Stone  
(b) Address Osceola Mo

19. (a) 9-18-44 (b) L. B. Goodrich  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury 0

23. Signature T. H. Douglas, Jr. (M. D. or other) m.d.  
Address Osceola, Mo. Date signed 9/15/44

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

1320

1100

FEB 20 1944

RECEIVED

District Health Officer No. 7,

Project File No. 9-44-1122

Date Filed 10-6-44

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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: *Paul J. Easton*

Licensed Embalmer No. 3990

P. O. Address *Oscale, 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.