

FILED OCT 13 1944

Registration District No. 260

Primary Registration District No. 3076

31955
State File No. 6882
Registrar's No. 108

1. PLACE OF DEATH:
(a) County Verona
(b) City or town Nebraska
(c) Name of hospital or institution: 337 N Allison St.
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Verona
(c) City or town Nebraska Mo
(d) Street No. 337 N Allison
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ELBERT PERIMAN
(b) If veteran, name war.....
(c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 31 -
year 1944 hour 3 minute 0 - M.
21. I hereby certify that I attended the deceased from 13th 1944 to 8-31-44
that I last saw him alive on 8-31-44
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race A 6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~
6. (b) Name of husband or wife Verona Reiser alive 62 years
7. Birth date of deceased Sept 28 1881
(Month) (Day) (Year)

Immediate cause of death PULMONARY EDEMA.
Due to Cerebral Apoplexy, 3 yrs
paralysis face, throat + tongue + de/ of Extremities 3 yrs.

8. AGE: Years 62 Months 11 Days 3 If less than one day
hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 8201
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Verona Co. Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
12. Name Wm Henry Periman
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda Pruden
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Putman
(b) Address Nebraska, Omaha
17. (a) Burial (b) Date thereof Sept 2 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Meo Mo
18. (a) Signature of funeral director Harry Pruden
(b) Address Nebraska
19. (a) 9-8-44 (b) Hazel B. Bower
(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
23. Signature Wm H. Allen MD
Address Nebraska Date signed 9/5/44

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

108
1
2

RECEIVED
District Health Officer No. 7,
District File Number 9-44-115-3
Date Filed 10-11-44

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed L. B. Ferry
Licensed Embalmer No. 1760
P. O. Address Nevada 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.

5761 8 700P