DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1945

2-43
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STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41799

Registration District No. 271 Primary Registration District No. 5911 Registrar's No.

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

1. PLACE OF DEATH:
(a) County ~~Dunklin~~ Pemiscot
(b) City or town Rural Bragg City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bragg City, Missouri
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ~~Dunklin~~ Pemiscot
(c) City or town Rural Bragg City
(If outside city or town limits, write "RURAL")
(d) Street No. ~~Caruthersville~~, Missouri
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry David Perdue
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Edna Perdue
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased November (Month) 12th (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
79	0	16	hr. min.

9. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Dk
13. Birthplace Dk (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Dk
15. Birthplace Dk (City, town, or county) Ky (State or foreign country)

16. (a) Informant Mrs. Clinton Midkiff
(b) Address Bragg City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-44 (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.
18. (a) Signature of funeral director H. S. Smith Funeral Home
(b) Address Caruthersville, Missouri
19. (a) 12-29-44 (Date received local registrar) (b) Mrs. T. R. Cole (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28th year 1944 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from Aug. 14, 1944, to Nov. 28, 1944, that I last saw him alive on Nov 24, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral - apoplexy	1 yr
- Uremia	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
Of autopsy

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) No
(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 Paul Baldwin (M. D. or other) MD
Address Kennett Date signed 11-28-44

591 (Licensed Embalmer's Statement on Reverse Side)

72-44-274

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.

No. 2B
I—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 12

State File No.

Registration District No. 271 Primary Registration District No. 5961 Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Rural Pascola Twp
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry D. Perdue

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. (Month) 12 (Day) 1860 (Year)

8. AGE: Years 79 Months 0 Days 16 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Chronic Nephritis	1 yr
Due to Cerebral Hemorrhage	2 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 Paul Baldwin (M. D. or other) MW

Address Kennett Mo Date signed 1-5-45

SUPPLEMENTARY

S-41799 1944.