

FILED APR 7 1945

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

Primary Registration District No. 5596

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Rural 11A DeSoto  
(c) Name of hospital or institution Route 1 DeSoto  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community 1 Year  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 1, DeSoto  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM A. PERRY

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Cora Aubuchon 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Oct. 6 - 1866  
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Perry Co. No.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

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

12. Name Owen Perry

13. Birthplace ? No.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Cleveland

15. Birthplace ? No.  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Perry

(b) Address DeSoto Mo - R-1

17. (a) Burial (b) Date thereof Mar. 14, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herculeaneum

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo.

19. (a) 3-15-45 (b) Kevin Spencer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11  
year 1945 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb. 25, 1944, to Mar 11, 1945  
that I last saw him live on Mar 11, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic  
Pneumonia

Due to Carcinoma originating in prostatic gland  
Due to spread systemically

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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?  
(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature Chas. E. Owen (M.D. or other) \_\_\_\_\_  
Address DeSoto, Mo. Date signed 3/13/45

Duration

7 days

2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

38  
C  
0

357

(Licensed Embalmer's Statement of \_\_\_\_\_ DeSoto, Mo.)

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 4-6-45

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. E. Mothershead*

Licensed Embalmer No. 3531

P. O. Address Edato 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.**