

FILED MAY 2 1945
Registration District No. _____

Primary Registration District No. 5062

State File No. _____

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Rural - Purdy Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: L /
(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 his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry
(c) City or town Manett - Rural
(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 L

3. (a) PRINT FULL NAME

James Ray Jerry

3. (b) If veteran, name war none

3. (c) Social Security No. L

4. Sex m. 5. Color or race w.

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

6. (b) Name of husband or wife Clara Belle Jerry

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Feb. 16 - 1920
(Month) (Day) (Year)

8. AGE: Years 25 Months 1 Days 12 If less than one day hr. L min.

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

10. Usual occupation farmer

11. Industry or business L

MOTHER FATHER
12. Name Granville Jerry
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Anna Pennington
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Clara Belle Jerry

(b) Address Manett - R. 19.

17. (a) Barrett (b) Date thereof 3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director L. N. Blanser

(b) Address Manett - Mo.

19. (a) April 5, 1945 (b) Audna Willoughby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 year 1945 hour 6 minute 10 p.m.

21. I hereby certify that I attended the deceased from Feb 17 1945 to March 31 1945; that I last saw him alive on March 31 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Arthritis Deformans Duration 5 yr.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 5 yr
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) _____
(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 _____

23. Signature L. C. Smith (M. D. or other) Dr.
Address Manett, Mo. Date signed 4-2-45

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

RECEIVED

District Health Officer No. 61

District File Number 446-486

Date Filed APR 24 1945

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 L. H. Blauenship

Licensed Embalmer No. 2397

P. O. Address Monett, 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.