S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1945

Registration District No. 5979

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14310

Primary Registration District No. 5979

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Polk

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

(c) Name of hospital or institution: Tracy Twp 1/2 mile North of Morrisville (If not in hospital or institution, write street number or location)

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

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

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

(d) Street No. 1/2 mile North of Morrisville (If rural, give location)

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

If yes, name country None

3. (a) PRINT FULL NAME Hartwell Utah Perry Man

3. (b) If veteran, name war None

3. (c) Social Security No. 499-09-7254

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lola Mae Perry Man

6. (c) Age of husband or wife if alive 39 or 40 years

7. Birth date of deceased Aug. 24, 1882 (Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 29 If less than one day hr. min.

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

10. Usual occupation Farmer and Laborer

11. Industry or business Farming

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

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

16. (a) Informant Mrs. Matilda Perryman

(b) Address Morrisville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Slagle Cemetery

18. (a) Signature of funeral director Ewan and Bliss

(b) Address Balmar, Mo.

19. (a) May-1-1945 (Date received local registrar) (b) Hillard Dickinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1945 hour 9:00 minute P. M.

21. I hereby certify that I ~~attended~~ viewed the deceased from April 12, 1945 to , 19 ; that I last ~~saw him alive~~ on April 12, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Skull Fracture and Severe Chest injuries	
Due to Injuries from Tornado at Morrisville, Mo.	
Due to	
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.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Tornado 044

(b) Date of occurrence April 12, 1945

(c) Where did injury occur? Morrisville (City or town) Polk (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at Home (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature Willard B. Erwin Coroner (M. D. or other)

Address Balmar Mo. Date signed 4/14/45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 4-45-394
Date Filed 5-9-45

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 Richard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Belmar, 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.