

FILED JUL 13 1945

Registration District No. 74

Primary Registration District No. 5297

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

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Halt, Missouri (Rural)  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Jackson Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

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

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

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Julius D. Shay Perren

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Angela 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 6 1869  
(Month) (Day) (Year)

8. AGE: Years 76 Months 20 Days \_\_\_\_\_ If less than one day \_\_\_\_\_  
hr. min.

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

10. Usual occupation Farmer

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

12. Name William Perren

13. Birthplace England  
(City, town, or county) (State or foreign country)

14. Maiden name E. J. Jakwick

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant W. W. Perren  
(b) Address Halt

17. (a) Bureau (b) Date thereof June 28 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch, halt, mo.

18. (a) Signature of funeral director Leonard Fry  
(b) Address Hearney, mo.

19. (a) 6-29-45 (b) Miss A. C. Hartell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26  
year 1945 hour 11 minute 30 P.M.

21. I hereby certify that I attended the decedent from June 24 to June 26, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancerous of Stomach  
Duration 9 mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: X6

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) \_\_\_\_\_

(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 J. W. Webb (M. D. number) \_\_\_\_\_  
Address Halt, mo. Date signed 6-27-45

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.

RECEIVED  
District Health Officer No. 11,

District File Number.....

Date Filed.....

Signed *Leonard Fry*.....

Licensed Embalmer No. *1697*.....

P. O. Address *Kearney 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.