

U. S. No. 2  
DOM-5-43  
ev. 5-17-39  
I X36677

**FILED** SEP 12 1945

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:  
134 South Institute St. /  
(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)

3. (a) PRINT FULL NAME Perry Eustace Wall

3. (b) If veteran, name war. No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife. Hattie Belle Wall

6. (c) Age of husband or wife if alive. 81 years

7. Birth date of deceased. Mar. 1 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 6 -- 0 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER {

12. Name Pike Wall

13. Birthplace Kentucky

14. Maiden name Polly Duncan (State or foreign country)

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

16. (a) Informant Mrs. Ferral Smith

(b) Address 4129 Green Brier, Dallas Texas

17. (a) Burial (b) Date thereof Sept. 3, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove Cemetery

18. (a) Signature of funeral director. [Signature]

(b) Address Richmond, Mo.

19. (a) 9/4/45 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

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

(d) Street No. 134 South Institute, St. /  
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1  
year 1945 hour 3 minute 55.P. M.

21. I hereby certify that I attended the deceased from Apr 1945 to Sept 1, 1945  
that I last saw him alive on Sept 1, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Duration ?

Due to Advanced Arterio-sclerosis

Due to Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy 940

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?

(Specify type of place)

While at work..... (e) Means of injury.....

23. Signature [Signature] (M. D. or D. O.)

Address Richmond, Mo. Date signed 9/4/45

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

89  
1  
1

1280

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-11-70

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, PH

Registered Apprentice No.

working under my personal supervision.

Signed

*Phisman*

Licensed Embalmer No. 2073

P.O. Address. Richmond, 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.