. S.-No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28769

FILED SEP 14 1945

Registration District No. 339 Primary Registration District No. 6222 Registrar's No. 48

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural - Moundville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (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 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Vernon
(c) City or town Rural - Moundville (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 .....

3. (a) PRINT FULL NAME Mary Lucinda Perrin
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife William David Perrin
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Sept (Month) 25 (Day) 1865 (Year)

8. AGE: Years 79 Months 11 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Tenn (State or foreign country)
10. Usual occupation housewife
11. Industry or business .....
FATHER 12. Name James Preston Ford
FATHER 13. Birthplace Tenn (City, town, or county) ..... (State or foreign country)
MOTHER 14. Maiden name Margaret C. Moody
MOTHER 15. Birthplace Tenn (City, town, or county) ..... (State or foreign country)
16. (a) Informant J. E. Perrin
(b) Address .....
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Avola Cemetery
18. (a) Signature of funeral director G B Beeny & Sons
(b) Address Sheldon Mo.
19. (a) 9/7-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 31 day ..... year 1945 hour 10 minute 10 A.M.
21. I hereby certify that I attended the deceased from Aug-27-45 Aug-30- 1945 to 10:10 AM 19.....; that I last saw h. alive on Aug-30-1945 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart-failure — Duration
Due to Senility
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) .....
(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 [illegible] (M. D. or other) .....
Address Nevada, Mo. Date signed 9-4-45

9519 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
Date Filed 8-45-951
Date Filed 9-13-45

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 Carroll T. Berry

Licensed Embalmer No. 2886

P. O. Address Sheldon 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.