

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31168

Registration District No. 274 Primary Registration District No. 5935 State File No. \_\_\_\_\_  
Registrar's No. 244

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

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Sedalia, Rural Sedalia, Mo  
(c) Name of hospital or institution:  
R. F. D. #4  
(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)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pettis  
(c) City or town Sedalia, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. F. D. #4  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Lloyd Perrin  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 10  
year 1945 hour 10 15 minute A M.  
21. I hereby certify that I attended the deceased from  
May 1945 to Sept 10 1945  
that I last saw him alive on Sept 10 1945  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Fay Perrin  
6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased September 29 1886  
(Month) (Day) (Year)

Immediate cause of death Myocarditis Duration 2 yrs

8. AGE: Years Months Days If less than one day  
58 11 12 hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Sedalia Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Tom O. Perrin  
13. Birthplace New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Annie Carthrae  
15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. L. Perrin  
(b) Address R. F. D. #4, Sedalia, Mo.  
17. (a) Burial (b) Date thereof Sept. 13, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Cemetery

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) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director McLaughlin Bros.  
(b) Address Sedalia, Missouri  
19. (a) 9-17-45 (b) A. J. Campbell  
(Date received local registrar) (Registrar's signature)

23. Signature A. L. Walter (M. D. MO)  
Address 120 W. 5 Sedalia Mo Date signed 24-12-45

10-10-45

OCT 22 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 K. P. M. Crary

Licensed Embalmer No. 3158

P. O. Address. Sidalia 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.