

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

20868

State File No.

FILED JUL 9 1946
774

Primary Registration District No. 3035

Registrar's No. 40

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

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution:
1717 Bloom
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Most of life years, months or days)

3. (a) PRINT FULL NAME HENRY PERRINE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Flora Barnes 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 8 1862
(Month) (Day) (Year)

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

83	10	22	hr.	min.
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9. Birthplace Wellington Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Not Known 9

13. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

14. Maiden name Not Known 9

15. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robt. Duncan

(b) Address Lexington, Mo.

17. (a) Burial (b) Date thereof June 3, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director Tempel

(b) Address Lexington, Mo.

19. (a) 2 July 1946 (b) Mission E. Smithwick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

(c) City or town Lexington 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1717 Bloom St. 2
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Found in Mo. River
Day 1 At Myrick, Mo. M.

21. I hereby certify that I attended the deceased from called
as acting coroner 19____ to _____ 19____;
that I last saw h_____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Probably Duration _____
suicide by drowning.

Due to Lost my way & fell into
the probably date of death

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____ 1648
Of operations _____

Of autopsy no 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) Suicide

(b) Date of occurrence Probably May 29, 1946

(c) Where did injury occur? By water in the Mo
(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? _____ Means of injury _____ 3

Signature W. M. ... (M. D. or other)
Address Q. ... Date signed 6/1/46

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-8-46.....

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.....

Not Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2983

P. O. Address Lebanon 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.