

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41818

State File No. _____

FILED JAN 7 1947

Registration District No. 316

Primary Registration District No. 6073

Registrar's No. 411

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre Perry Ind.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route 2 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

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

(d) Street No. Rural Route 2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME GEORGE WASHINGTON PEERY

3. (b) If veteran, name war ✓

3. (c) Social Security No. UNKNOWN

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife Claire Ella Peery

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May 1 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 20
If less than one day hr. _____ min. _____

9. Birthplace Horse Shoebond Tennessee
(City, town or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Peery

13. Birthplace Unknown

14. Maiden name Elizabeth Kelley

15. Birthplace Tennessee

16. (a) Informant Quotel Peery

(b) Address Bonne Terre Mo

17. (a) Burial (b) Date thereof 12-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois Memorial Ch

18. (a) Signature of funeral director Gerhard Hnd Co

(b) Address 313 Benton Bonne Terre Mo

19. (a) 12-30-46 (b) Ethel Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22nd
year 1946 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 21 1946 to Dec 22 1946
that I last saw him alive on Dec 27 1946
and that death occurred on the date and hour stated above.

Immediate cause of death acute ventricular regurg
broncho-pneumonia

Duration 25

Due to _____

Due to _____

Other conditions fr surgical death fever
(Include pregnancy within 3 months of death)
as result of fall in his home

Major findings: _____

Of operations _____

Of autopsy 1-86 P

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) accident 94

(b) Date of occurrence 12-20-46

(c) Where did injury occur? in his home
(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) accident

While at work? no (e) Means of injury fall

23. Signature NIO Karbo (M. D. or other) _____

Address Overage Mo Date signed 12-27-46

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

2 89

(Licensed Embalmer's Statement on Reverse Side)

= 4
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1-6-47

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 C. J. Claywell
Licensed Embalmer No. 3706
P. O. Address Bonne Terre 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.