

1. No. 2
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43771

FILED MAR 3 1947

Registration District No. 354

Primary Registration District No. 6198

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Rural Cass
(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)
In this community 1 year
years, months or days

3. (a) PRINT FULL NAME JAMES PERTHIS

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 70712-5826

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Eva Agnes 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Jan 12 1885
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Egroti Greece
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Spirous Perthis

13. Birthplace Greece
(City, town, or county) (State or foreign country)

14. Maiden name Panayola Bellis

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

16. (a) Informant Mrs. Eva Perthis

(b) Address Rural No. _____

17. (a) Burial (b) Date thereof 12/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salo

18. (a) Signature of funeral director Gaylord O. Elliot

(b) Address Houston, Mo

19. (a) Feb 3 (b) Gaynell Cunningham
(Date received local registrar) (Registrar's signature) 20

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
year 1946 hour 3 minute 40 A .M.

21. I hereby certify that I attended the deceased from 12-2, 1946, to Dec 27, 1947
that I last saw h. i'm alive on Dec 12, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure Duration _____

Due to Lympho sarcoma

Due to _____

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

Major findings: Of operations 558
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:

(c) 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 R. T. Harsh (M. D. or other) MD

Address Houston Date signed 1-16-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5

District File Number 24781

Date Filed 2/28/47

MAR 3 1947

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.