

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 27 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution: 2428 So. 6th St.

(If not in hospital or institution, write street name and house location)

(d) Length of stay: In hospital or institution Lifetime

In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph

(d) Street No. 2428 So. 6th St.

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME CHARLES MELVIN PERRYMAN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased October 31, 1946

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>2</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace St. Joseph Missouri

10. Usual occupation Infant

11. Industry or business None

12. Name Charles Perryman

13. Birthplace St. Joseph, Missouri

14. Maiden name Alma Jean DeRoin

15. Birthplace Denver Colorado

16. (a) Informant Charles Perryman (father)

(b) Address 2428 So. 6th St., City

17. (a) Burial & Removal (b) Date thereof 1/22/47

(c) Place: burial or cremation Griffiths (Mo.)

18. (a) Signature of funeral director John C. Kuff

(b) Address 6054 Pryor Ave., City

19. (a) 1-23-47 (b) H. L. Jenkins

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21, year 1947 hour 4 minute 53 A.M.

21. I hereby certify that I attended the deceased from Jan 22nd 1947

that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia following an Acute Cold

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(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 B. W. Tadlock Coroner

Address King Hill Bldg Date signed 1/22/47

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

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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, ~~\_\_\_\_\_~~.....

.....  
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

*John E. Rupp*

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.**