

FILED FEB 5 1947

Registration District No. 292

Primary Registration District No. 4435

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls,
(b) City or town Perry, Missouri.
(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 5 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 87
(c) City or town Perry, Missouri.
(If outside city or town limits, write "RURAL")
(d) Street No. Perry, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22nd,
year 1947 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from
Jan 3, 1944, to Jan 22, 1947,
(that I last saw him alive on Jan 22, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary
Arteriosclerosis sensitized

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

Major findings:
Of operations _____
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:
(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) _____ (e) Means of injury _____

23. Signature _____ (M. D. or other)
Address Perry Date signed 1/23/47

3. (a) PRINT FULL NAME George H. Deverman.

3. (b) If veteran, name war _____ 3. (c) Social Security No. None.

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

6. (b) Name of husband or wife Lena Deverman. 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April 23, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 8 29 _____ hr. _____ min.

9. Birthplace Mason County, Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business Farm.

12. Name Garrett Deverman

13. Birthplace Unknown - Germany.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Budka.

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

16. (a) Informant Lena Deverman

(b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof 1-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lickcreek Cemetery.

18. (a) Signature of funeral director Clyde Wilbey

(b) Address Perry, Missouri.

19. (a) 1/24/47 (b) Clyde Wilbey
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

MAR 25 1947

RECEIVED
District Health Officer No. 10
District No. 1-47-203
Date Filed JAN 30 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.....

John F. Ellis....., Registered Apprentice No. *494*
working under my personal supervision.

Signed *Clyde Wilby*.....

Licensed Embalmer No. *3880*.....

P. O. Address *Terry, 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.