

FILED MAR 12 1947
Registration District No. 1

Primary Registration District No. 3002

Registrar's No. 38

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1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Andrew

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

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

(d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)

In this community 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Mexico mo
(If outside city or town limits, write "RURAL")

(d) Street No. Hopey Hotel
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Henry Otis Perry.

3. (b) If veteran, name war 1

3. (c) Social Security No. 10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 5
year 1947 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 16 - 1947 to Mar 5 - 1947
that I last saw him alive on Mar. 3 - 1947
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race W.

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

6. (b) Name of husband or wife Ernie Perry

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

7. Birth date of deceased July 18 - 1855
(Month) (Day) (Year)

Immediate cause of death myocarditis chr. (nephritis chr. interstitial)

Due to

8. AGE: Years 91 Months 7 Days 15 If less than one day hr. min.

Due to arteriosclerosis

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

9. Birthplace Callaway Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation Relief Farmer

11. Industry or business Farming

12. Name George Perry

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

14. Maiden name Elizabeth Smith

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

Major findings: Of operations 131A

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr Sam Bush

(b) Address Mexico mo

17. (a) Burial (b) Date thereof 3/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Church

18. (a) Signature of funeral director J.B. Hall

(b) Address Kellaville mo

19. (a) 3/7/47 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

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 0

23. Signature R.S. Williams (M. D. or other MD)
Address Mexico mo Date signed 3/7/47

APR 28 1947

RECEIVED
District Health Officer No. 10
State File No. 3-47-388
Date Filed MAR 11 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 Self

....., Registered Apprentice No.
working under my personal supervision.

Signed T. B. Wells

Licensed Embalmer No. 15818

P. O. Address Marionville 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.