

FILED MAR 5 1947

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis O
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 1 1/2 hrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME GEORGE-MICHAEL-PERRY

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

4. Sex M O 5. Color of hair White 6. (a) Single, widowed, married. 0 divorced Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 16 1947
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 1 hr. 30 min.

9. Birthplace Cape Girardeau MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Ernest Perry

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

14. Maiden name Therese Allen

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

16. (a) Informant Ernest Perry

(b) Address Warma MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18-47
(Month) (Day) (Year)

(c) Place: burial or cremation Walton Cemetery

18. (a) Signature of funeral director Walter J. Smith

(b) Address Warma MO

19. (a) 2-27-1947 (b) G. C. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED

(a) State Missouri (b) County Cape
(c) City or town Cape Girardeau Parma
(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 Feb day 16
year 1947 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2/16 1947 to 2/16 1947
that I last saw her alive on 2/16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Placental Previa Duration _____
Placental Separation
Grenatal Asphyxia
Due to Placental Previa

Due to _____

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

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? _____
(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 G. C. Summers (M. D. or other) _____
Address Cape Girardeau MO Date signed 2/27/47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

Health Officer No. 4

Number 347-312

3-4-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.