S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 5 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34830

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 161

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 120 S. Penn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 47
(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")
(d) Street No. 120 S. Penn 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas H. Perry
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Esther Perry
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 13 (Day) 1903 (Year)

8. AGE: Years 44 Months 4 Days 16 If less than one day hr. min.

9. Birthplace Webb City (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Chemist
11. Industry or business Eagle Picher
FATHER
12. Name Andrew J. Perry
13. Birthplace England (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Chlora Hall
15. Birthplace Hazelton, (City, town, or county) Pa. (State or foreign country) 1
16. (a) Informant Widow Esther Perry
(b) Address Webb City, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Hedge-Lewis
(b) Address Webb City, Mo.
19. (a) OCT. 31 '47 (Date received local registrar) (b) [signature] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1947 hour 2:15 minute P. M.
21. I hereby certify that I attended the deceased from 10-29-47, 19, to 10-29-47, 19;
that I last saw him alive on 10-29, 47;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	1 hr
Due to	
Due to	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place) 2
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) D.O.
Address Webb City, Mo. Date signed 10/30/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-10-814

AUG 14 1948

MAR 31 1948

DEC 6 1948

MAY 27 1953

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 Richard Gray Lewis

Licensed Embalmer No. 4403

P. O. Address Webb City 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.