S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

44023

State File No.

FILED JAN 8 1948

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 163

188
1
2

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon 108 1
(c) City or town Nevada 2 (If outside city or town limits, write "RURAL")
(d) Street No. 229 North Adams (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Vivian Florence Periman
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Fm
5. Color or race W
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2
6. (b) Name of husband or wife Bert Periman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 8 (Day) 1882 (Year)

8. AGE: Years 65 Months 8 Days 9 If less than one day hr. min.

9. Birthplace Littlefield Pennsylvania (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Hulet Barton
13. Birthplace Barton Ferry Pennsylvania (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jane M. Gay
15. Birthplace Andover Ohio (City, town, or county) (State or foreign country)
16. (a) Informant L. G. Barton
(b) Address 347 N. Ash, Nevada, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 20 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mills, Mo.
18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada, Mo.
19. (a) 12-30-47 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17 year 1947 hour 9 minute 40 A.M.
21. I hereby certify that I attended the deceased from Dec 5 1947 to Dec 17 1947 that I last saw her alive on Dec 17 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Anemia | 4 days |
| Due to Complete Anuria | 5 days |
| Due to Glomerulonephritis Chr hypertensive 1st drum | 4 yrs |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy no | |

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)
While at work? (e) Means of injury
23. Signature Wm Hallen MD (Date or other)
Address Nevada, Mo. Date signed 12/26/47

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

RECEIVED
District Health Officer No. 7,
District File Number 12-47-2031
Date Filed _____

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

Signed L B Terry

Licensed Embalmer No. 1760

P. O. Address Nevada, 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.**