

U.S. No. 2  
DM-5-43  
Rev. 5-17-39  
I X36671

State File No. ....

FILED FEB 13 1948

Registration District No. 277

Primary Registration District No. 6022

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:  
R.F.D.#2, Richmond, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether years, months or days)

In this community 85 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

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

(d) Street No. R.F.D.#2, Richmond, Mo.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James M. Perry

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

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

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

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

7. Birth date of deceased June 19, 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 6 21 hr. min.

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

10. Usual occupation Retired

11. Industry or business Farming

12. Name Nathaniel Perry

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

14. Maiden name Unknown

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

16. (a) Informant Rust Perry  
(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof 1/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Quest-Life F. Home  
(b) Address Richmond, Mo.

19. (a) Jan 12 - 1948 (b) Malcol Jackson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10th  
year 1948 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from 2 23 Nov 1947 to 9 Jan 1948  
that I last saw him alive on 9 Jan 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to Atherosclerosis

Other conditions Senile Psychosis  
(Include pregnancy within 3 months of death)

Duration 5 days

± 15 yr.

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 97

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 J. J. Lockwell M.D. M. D. or other \_\_\_\_\_  
Address Richmond, Mo. Date signed 12 Jan 1948

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-11-40

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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 *Levin Forest*

Licensed Embalmer No. 4096

P. O. Address Richmond 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.