S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3676

FILED FEB 5 1948

Registration District No. 3487 Primary Registration District No. 6145 Registrar's No. 8

1. PLACE OF DEATH:
(a) County Shelby County, Missouri
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shelby 102
(c) City or town Shelbina, Missouri (Rural) (If outside city or town limits, write "RURAL")
(d) Street No. 2 Miles South West of Shelbina (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Blanche Leota Perrigo
3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joel Perrigo
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased July (Month) 8, (Day) 1879 (Year)

8. AGE: Years 68 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Shelby County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Same
FATHER
12. Name George Panchot
13. Birthplace New York (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary V. Upton
15. Birthplace Marion County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Joel Perrigo
(b) Address Shelbina, Missouri Rural
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Priare
18. (a) Signature of funeral director Million & Barkelew
(b) Address Shelbina, Missouri
19. (a) Jan 31-48 (Date received local registrar) (b) Ruth Joyner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17, year 1948 hour 7; minute 45 P.M.
21. I hereby certify that I attended the deceased from 1-16-48, 19..., to 1-17 1948 that I last saw her alive on 1-17 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema
Due to Congestive Heart Failure
Due to Nephrosis
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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

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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) 51
While at work (e) Means of injury
23. Signature John W. Duncan (M. D. or other) DO
Address Shelbina, Mo. Date signed 1-22-48

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

RECEIVED
District Health Officer No.
District File Number 2-48-201
FEB -3 1948
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 James D Davis Registered Apprentice No. 443, working under my personal supervision.

Signed Larry A. Barkelew

Licensed Embalmer No. 3835

P. O. Address Shelbina 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.