No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4547

FILED MAR 1 1948

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 161

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Strafford - Rural Route #1
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BOBBY PERRY
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased August (Month) 27 (Day) 1931 (Year)

8. AGE: Years 16 | Months 5 | Days 20 | If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Student
11. Industry or business Attending classes

FATHER
12. Name Roy Perry
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Freda Ball
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Freda Perry
(b) Address Rt 1, Strafford, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director Alma Lohmeyer Funl Home
(b) Address Springfield, Missouri
19. (a) 2-18-48 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 1948 hour 1 minute 00 P. M.
21. I hereby certify that I attended the deceased from 2/16/48, 19..., to 2/17/48, 19...; that I last saw him alive on 2/17/48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Extensive burns 2-3° over entire body
Due to 2°-3° Burns
Due to
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.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 39
(b) Date of occurrence 2/16/48
(c) Where did injury occur? Rt #1 County (City or town) Greene (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home — Rt #1 - Strafford (Specify type of place)
While at work? Yes (e) Means of injury Stove Explod
23. Signature J P Owe (M. D. or other)
Address Medical Arts Bldg. Date signed 2/18/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Julian R. Goodman, Registered Apprentice No. 473, working under my personal supervision.

Signed Jewell E. Whidle

Licensed Embalmer No. 2831

P. O. Address Springfield 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.