S. No. 300
DM—10-47
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 25 1948

Registration District No. 7248

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15760

Primary Registration District No. 4130

Registrar's No. 50

24
0
0

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
Burmingham Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXX (Specify whether years, months or days)

In this community 27 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) Street No. XXX
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country XXXX

24
0
0
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3. (a) PRINT FULL NAME George Savern Louis Perrey

3. (b) If veteran, name war No.

3. (c) Social Security No. 493-12-8475

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Flora Perrey

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May (Month) 17 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
67	0	0	XX hr. XX min.

9. Birthplace Bonnetts Mill (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Self

FATHER
12. Name Louis Savern
13. Birthplace France (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name May Josephn Biolett
15. Birthplace France (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Flora Perrey
(b) Address Burmingham Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation East Slope Cem N.K.C.

18. (a) Signature of funeral director Morton-Smith's F.H.
(b) Address North Kansas City Mo.

19. (a) May 19 - 1948 (Date received local registrar) (b) Beulah Ritchie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1948 hour 7 minute 0 P.M.

21. I hereby certify that I attended the deceased from 1939, 19__, to May 17, 1948, that I last saw him alive on May 17, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute congestive heart failure

Due to: Arteriosclerotic heart disease

Due to: Bronchial asthma

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to 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 [illegible] (M. D. or other)

Address 8625 [illegible] No KCMo Date signed 5-20-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 5-24-48

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 Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas 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.