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FILED JUL 3 1948

Registration District No. 314

Primary Registration District No. 6064

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Clair

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 3 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Colorado (b) County Bent

(c) City or town Las Animas
(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 _____

979
5
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3. (a) PRINT FULL NAME George Bernie Peery

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1948 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from 6-2, 1948, to 6-5, 1948;
that I last saw him alive on 6-5, 1948;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased February 24 1873
(Month) (Day) (Year)

8. AGE: <u>75</u> Years	Months <u>3</u>	Days <u>11</u>	If less than one day hr. _____ min. _____
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Immediate cause of death Cerebral Hemorrhage

Due to Cerebral Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Duration 4 days

5 yrs

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace St. Clair County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer and Stock Dealer

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Peery

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

14. Maiden name Nancy Hall

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

16. (a) Informant Herschel Peery

(b) Address Lamar Colorado

17. (a) Removal (b) Date thereof 6/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Las Animas Colorado

18. (a) Signature of funeral director [Signature]

(b) Address Osceola Missouri

19. (a) 6-6-1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Major findings: [Signature]

Of operations _____

Of autopsy _____

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 T.H. Tangler, Jr. (M. D. or other) M.D.

Address Osceola, Mo. Date signed 6-6-48

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

RECEIVED
District Health Officer No. 7,
District File Number 6-48-709
Date Filed 7-1-48

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 J.B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Quincy, 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.