

No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25767

FILED AUG 19 1948

Registration District No. 1

Primary Registration District No. 3012

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Excelsior Springs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)
In this community 23 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Excelsior Springs 1
(If outside city or town limits, write "RURAL")
(d) Street No. 340 E. Excelsior Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WALVE PERRY

3. (b) If veteran, name war None 3. (c) Social Security No. 491-01-9333

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rufus Perry 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July 6 1893
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Albany Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business _____

12. Name Norman Larnier

13. Birthplace Mo 1
(City, town, or county) (State or foreign country)

14. Maiden name Louise Parman

15. Birthplace Albany Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Rufus Perry

(b) Address 340 E. Excelsior, Excelsior Springs, Mo.

17. (a) Burial (b) Date thereof Aug 9 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Clayton Prichard

(b) Address Excelsior Springs, Mo.

19. (a) 8/9/48 (b) Caroline Hutchings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7 year 1948 hour 4 minutes 15 P.M.
21. I hereby certify that I attended the deceased from 4 Aug 1948 to 7 Aug 1948
that I last saw h.e.e. alive on 7 Aug 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Thyrotaxicosis
Strangulated Hernia.
Due to _____

Duration
60 days
6 days

Due to _____
Other conditions (Include pregnancy within 3 months of death) 1220

Major findings: Strangulated Hernia
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature E. H. Adams (M. D. or other) Dr.
Address Excelsior Springs, Mo. Date signed 8/9/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed..... 2-18-48

NOV 1 1954

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.....

Lindsey K. Jaxman, Registered Apprentice No. *88*,
working under my personal supervision.

Signed..... *Albert E. White*

Licensed Embalmer No. *4168*

P. O. Address. *Excelsior Springs*

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.