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FILED AUG 25 1948

Registration District No. 104

Primary Registration District No. 5418

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Malden Rural Union  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: no.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no.  
(Specify whether  
In this community 2 1/2 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Malden (If outside city or town limits, write "RURAL") 35  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No) 0  
If yes, name country 0

3. (a) PRINT FULL NAME VBTO ELISHA PERSELL

3. (b) If veteran, name war No 3. (c) Social Security No. 1

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CORAVELMA PERSELL 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Aug. 28 1889  
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 20 If less than one day hr. min.

9. Birthplace HAMILTON, ALA.  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business DALLAS PERSELL

12. Name DALLAS PERSELL

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

14. Maiden name MARY PATTERSON

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

16. (a) Informant ALVIS PERSELL

(b) Address MALDEN MISSOURI

17. (a) BURIAL (b) Date thereof 7-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STANFIELD

18. (a) Signature of funeral director Lloyd Russell

(b) Address Project Park

19. (a) 8/20/48 (b) J. A. Schumaker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17  
year 1948 hour 10 PM minute  M.

21. I hereby certify that I attended the deceased from July '48  
19 July to June 1948  
that I last saw h. in alive on June 6, 1948 19   
and that death occurred on the date and hour stated above.

Immediate cause of death far advanced tuberculosis  
X-ray on May 29, 1948

Due to

Due to

Other conditions   
(Include pregnancy within 3 months of death)

Major findings: 3/2

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 Hubert M. D. (M. D. or other)

Address Malden Date signed 7/19/48

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

X-

RECEIVED

District Health Office No. 2,

District File Number 848-1046

Date Filed 8-23-46

DEC 13 1951

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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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

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3-45  
X 43880

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Sept  
Registrar's No. \_\_\_\_\_

5418

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Linn  
(b) City or 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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Wato Persell

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex \_\_\_\_\_ 5. Color or race \_\_\_\_\_ 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Day \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) Stamfield (Burial, cremation, or removal) (b) Date thereof 7-19-48 (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: 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 \_\_\_\_\_ (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

S-25898 1948