

S. No. 300
M-10-47
rv. 5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37606
Registrar's No. 96

Registration District No. 275

Primary Registration District No. 3053

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
407 W. 1st St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME EMMA FRANCES PERRY

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

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased June 23 1885
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Huskey

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

14. Maiden name Sarah Wislon

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

16. (a) Informant Fred Perry

(b) Address Rolla, Mo.

17. (a) Burial (b) Date thereof 11-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Null & Sons F. H.

(b) Address Rolla, Mo.

19. (a) 11-19-48 (b) Nadine d. Stall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. 407 W. 1st
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10
year 1948 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from Dec 1, 1947 to Nov 10, 1948
that I last saw her alive on Nov 10, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma Duration 3 days

Due to Diabetes mellitus 1 yr

Due to _____

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

Major findings: Of operations _____

Of autopsy 61

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. E. F. J. M. D. (M. D. or other)

Address Rolla Mo Date signed 11-15-48

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

MOTHER, FATHER

51
2
2

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 11/26/48

DEC 21 1948

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.