

FILED JAN 31 1949

State File No. \_\_\_\_\_

Registration District No. 10813

Primary Registration District No. 4179

Registrar's No. 1

1. PLACE OF DEATH: **Dunklin**  
(a) County **Dunklin**  
(b) City or town **Senath**  
(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 **None**  
In this community **50 Yrs app.**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Dunklin 35**  
(c) City or town **Senath**  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME **Ernest L. Perry**  
(b) If veteran, name war **None**  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **December** day **31**  
year **1948** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **married**  
(b) Name of husband or wife **Sadie Perry**  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Sept. 7, 1883**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 31 1948** to **Dec 31 1948**  
that I last saw him alive on **Dec 31 1948**  
and that death occurred on the date and hour stated above.

8. AGE: Years **65** Months **3** Days **24**  
If less than one day, hr. **1** min. \_\_\_\_\_

Immediate cause of death **Myocarditis**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace **Parsons, Tennessee**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Drayage**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: Of operations **930**  
Of autopsy \_\_\_\_\_

MOTHER FATHER {  
12. Name **John Perry**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Sadie Perry**  
(b) Address **Senath, Missouri**  
17. (a) **Burial** (b) Date thereof **Jan 2, 1949**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Senath Cemetery**  
18. (c) Signature of funeral director **M. Daniel Funeral Home**  
(b) Address **Senath, Mo**  
19. (a) **Jan 22, 1949** (b) **Mrs. J. H. Laney**  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury \_\_\_\_\_  
23. Signature **Robert E. Martin** (M. D. or other) \_\_\_\_\_  
Address **Senath, Missouri** Date signed **1-6-49**

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

RECEIVED

District Health Office No. 2

District File Number 149-171

Date Filed 1-26-49

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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. 4466

P. O. Address. Smith, 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.