

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 28

1. PLACE OF DEATH  
a. COUNTY CHARITON  
b. CITY (If outside corporate limits, write RURAL and give township) BRUNSWICK  
c. LENGTH OF STAY (in this place) 6 YRS  
d. FULL NAME OF HOSPITAL OR INSTITUTION WIDERWOOD NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY CHARITON  
c. CITY (If outside corporate limits, write RURAL and give township) BRUNSWICK  
d. STREET ADDRESS 2210

3. NAME OF DECEASED  
(Type or Print)  
a. (First) MILDRED  
b. (Middle) \_\_\_\_\_  
c. (Last) PERRIN

4. DATE OF DEATH  
(Month) 8 (Day) 14 (Year) 1955

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW

8. DATE OF BIRTH 4-9-1868

9. AGE (In years last birthday) 87  
IF UNDER 1 YEAR: MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_  
IF UNDER 6 HRS: HOURS \_\_\_\_\_ MIN. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME

10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK

11. BIRTHPLACE (State or foreign country) BRUNSWICK MO

12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME THOS P. KNIGHT

13b. MOTHER'S MAIDEN NAME ELIZA BRUNNER

14. NAME OF HUSBAND OR WIFE WIDOW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO  
(If yes, give war or dates of service) K

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE AND NAME NATHAN PERRIN DALLIETEX ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Heart Block  
  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Senility  
DUE TO (c) 4330  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
In bed ten years

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21c. (CITY, TOWN, OR TOWNSHIP) \_\_\_\_\_ (COUNTY) \_\_\_\_\_ (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from Nov. 2nd, 1954 to Aug. 12, 1955, that I last saw the deceased alive on Aug. 12, 1955, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. L. Fisher (Degree or title) \_\_\_\_\_

23b. ADDRESS Brunswick MO

23c. DATE SIGNED 8/15-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE AUG. 17-1955

24c. NAME OF CEMETERY OR CREMATORY ELLIOTT GROVE

24d. LOCATION (City, town, or county) (State) BRUNSWICK MO

DATE REC'D BY LOCAL REG. 8-22-55

REGISTRAR'S SIGNATURE Mildred Pease 560

25. FUNERAL DIRECTOR'S SIGNATURE L. Moersich ADDRESS Brunswick MO

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

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*L. W. Coe*

Licensed Embalmer No. 823

P. O. Address Brinsford

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.