

Registration District No. **727**

Primary Registration District No. **4433**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Ralls,**
(b) City or town **Perry, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Perry, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **25 yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ralls,**
(c) City or town **Perry, Missouri**
(If outside city or town limits, write "RURAL")
(d) Street No. **Perry, Missouri.**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **Stilbirth.** **2.5 1/2**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

4. Sex **Male.** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Stilbirth.**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **August, 25, 1939**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, 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 **Stillbirth** Duration _____

8. AGE:	Years	Months	Days	If less than one day
	0	0	0	hr. _____ min.

Due to _____
Due to _____

9. Birthplace **Perry, Missouri**
(City, town, or county) (State or foreign country)

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

10. Usual occupation _____

Major findings: Of operations _____ Of autopsy _____

11. Industry or business _____
MOTHER FATHER { 12. Name **Edward O'Connor.**
13. Birthplace **Perry, Missouri.**
(City, town, or county) (State or foreign country)
14. Maiden name **Virginia Leonard.**
15. Birthplace **Perry, Missouri.**
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature **Edward O'Connor**
(b) Address **Perry, Missouri.**

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? _____

17. (a) **Burial** (b) Date thereof **10/26/39**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St Paul.**

While at work? _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director **Clyde C Wilkey**
(b) Address **Perry, Mo.**
19. (a) **10/26/39** (b) **Clyde C Wilkey**
(Date received local registrar) (Registrar's signature)

23. Signature **DR. E.T. Swan** (M. D. or other) **RD**
Address **Perry Mo** Date signed **10/26/39**

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 1 193511

RECEIVED

District Health Officer No. 10

District File Number 11-39-1975

Date Filed NOV 10 1933

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.....

Clyde C. Wilkey

Licensed Embalmer No.....

38020

P. O. Address.....

Perry, 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, above space should be left blank.