No. 2
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7-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3374

FILED FEB 12 1940

Registration District No. 676 Primary Registration District No. 5899 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Phelps Tax
(b) ~~City or town~~ Arlington Mo
(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) 3
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps
(c) City or town Rolla
(If outside city or town limits write "RURAL")
(d) Street No. Spilman Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Harry Joseph Perry 600
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agnes Perry
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 6 (Day) 1902 (Year)

8. AGE: Years	Months	Days	If less than one day
37	3	1	hr. min.

9. Birthplace Rolla (City, town, or county) Mo (State or foreign country)
10. Usual occupation Painter
11. Industry or business 0
FATHER
12. Name Joseph Perry 0
13. Birthplace Phelps Co (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Mary Huskey
15. Birthplace Phelps Co (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Agnes Perry
(b) Address Rolla Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-40 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Rolla Cem
18. (a) Signature of funeral director Nell Dan
(b) Address Rolla Mo
19. (a) Jan. 9, 1940 (Date received local registrar) (b) [illegible] 91.2 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-7 day 7
year 1940 hour 3 minute 15 P M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw him alive on Dead 1-7 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Regurgitation	
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? Hi Way 66 (City or town) Phelps (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Collapsed while spreading Gravel on icy Hi Way (Specify type of place)
While at work? (e) Means of injury
23. Signature Oral Lichlider 5 (M. D. or other) Coroner
Address St James Date signed 1-8-1940

(Licensed Embalmer's Statement on Reverse Side)

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. 3399

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, above space should be left blank.