

FILED MAY 17 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15014

Do not use this space.

1. PLACE OF DEATH

(a) County Holt Registration District No. 373
 (b) Township W. F. LEWIS Primary Registration District No. 49-19
 (c) City O. R. E. G. O. N (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS ALMA PERET

(a) Residence, No. O. R. E. G. O. N. MO St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOW</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>HENRY E PERET</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>APRIL-11-1875</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>65</u>		<u>0</u>	<u>19</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>AT HOME</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation				
12. BIRTHPLACE (CITY OR TOWN) <u>CRAIG</u> <u>MO</u> (STATE OR COUNTRY)				
FATHER	13. NAME <u>B. F. JONES</u> <u>1</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>UNKNOWN</u> <u>TENN</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>CLARA BURK</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>UNKNOWN</u> <u>ILLINOIS</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Harlan O. Peret</u> (ADDRESS) <u>1218 W-39th St Kansas City Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MAPLE GROVE</u> DATE <u>5-2-1940</u>				
19. FUNERAL DIRECTOR (NAME) <u>Fred Terhune</u> (ADDRESS) <u>Spartanburg Mo.</u>				
20. FILED <u>5-1-1940</u> <u>Harlan O. Peret</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 19 40

22. I HEREBY CERTIFY, That I attended deceased from Aug 1939 1939 to April 30 1940
 I last saw him alive on April 30 1940. Death is said to have occurred on the date stated above, at 11:40 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary occlusionDate of onset 4-30-40

Other contributory causes of importance:

Name of operation none Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury no autopsy

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) J. L. Marney M. D.

(Address) Oregon Mo

RECEIVED

District Health Officer No. 11,

District File Number 540-743

Date Filed MAY 16 1940

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, _____

J. Fred Turham, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed J. Fred Turham

Licensed Embalmer No. 1279

P. O. Address Savannah

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.