

S. No. 2
-11-10-39
5-17-39
-1 X2162

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19717**

JUN 4 1940 827
Registration District No.

Primary Registration District No. **4500**

Registrar's No. **16**

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

1. PLACE OF DEATH

(a) County Shelby
(b) City or town Clarence 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)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 30 years years, months or days)

8. (a) PRINT FULL NAME Mrs CLARA PERRY LO

8. (b) If veteran, name war. 3. (c) Social Security No. no

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife EVERETT PERRY 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased 17 (Month) 15 (Day) 1889 (Year)

8. AGE: Years 50 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Cleveland Ohio (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business Farmer

12. Name James McDonald

13. Birthplace mo (City, town, or county) (State or foreign country)

14. Maiden name Marion Simpson

15. Birthplace MO (City, town, or county) (State or foreign country)

16. (a) Informant Everett Perry

(b) Address Clarence mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/1940 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Wood

18. (a) Signature of funeral director Stephan Gooding

(b) Address Raymond mo

19. (a) May 13-1940 (Date received local registrar) (b) Ray Hamilton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1940 hour 5:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar 1927 to May 3 1940 that I last saw her alive on May 3 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 5 hours

Due to hypertension (arterial)

Due to Chronic parenchymatous nephritis

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations no Of autopsy none

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) no

(b) Date of occurrence no

(c) Where did injury occur? CLARENCE Shelby MO (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

(e) Means of injury no (Specify type of place) While at work? no

23. Signature D. L. Hagan (M. D. or other) Address Clarence mo Date May 11 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, or by.....

....., Registered Apprentice No.....

.....
working under my personal supervision.

Signed

Henry G. Parkelee

Licensed Embalmer No.

3835

P. O. Address

Shelburne, 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.