

No. 2
13-40
17-39
X23159

REC FEB 14 1941
318

2001

Registrar's No. 22

Registration District No. _____

Primary Registration District No. _____

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2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH **GREENE**
 (a) County **Springfield**
 (b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Springfield Baptist Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4 days**
(Specify whether years, months or days)
 In this community _____

3. (a) PRINT FULL NAME **Lawrence Ellis Peragen**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **None**

4. Sex **male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **XX** years
 7. Birth date of deceased **Sept 28 1918**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	122	3	9	hr. _____ min. _____

9. Birthplace **Billings, Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Orchardist**

11. Industry or business **Colgman Orchard**

12. Name **C. F. Peragen**

13. Birthplace **Jurner Sta. Greene Co. Mo** (City, town, or county) (State or foreign country)

14. Maiden name **Bertie May Blakes**

15. Birthplace **Billings Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **C. F. Peragen**

(b) Address **Billings Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan. 9, 1941**
(Month) (Day) (Year)

(c) Place: burial or cremation **Woods Chapel**

18. (a) Signature of funeral director **Wallace Funeral Home**

(b) Address **Billings, Mo**

19. (a) **1-9-41** (Date received local registrar) (b) **W. E. Handley** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Unknown**
 (c) City or town **Billings** (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 **January** day **7th**
 year **1941** hour **10** minute **40** A.M.

21. I hereby certify that I attended the deceased from **Jan 3**, 1941, to **Jan 10**, 1941
 that I last saw him alive on **Jan 10**, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumococci meningitis**
 Duration **6 days**

Due to _____
 Due to **EIA**

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: **none**
 Of operations _____
 Of autopsy **none**
 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? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? **None**

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

Signature **Fred R. Furthing** (M. D. or other) **M.D.**
 Address **Springfield, Mo** Date signed **Jan 10 1941**

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, ~~_____~~.....

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

Signed

Andrew Jordan

Licensed Embalmer No.

3649

P. O. Address

Bethesda, Md.

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.

X