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FILED FEB 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3677

Registration District No. 645

Primary Registration District No. 6273

Registrar's No. 1

7000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Ozark
(b) City or town Rural Lick Creek
(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
In this community 5 yrs
years, months or days

3. (a) PRINT FULL NAME FLOYD PERDUE
(b) If veteran, name war
(c) Social Security No.

4. Sex M
5. Color or race M
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Alice Parker
(c) Age of husband or wife if alive 54 years
7. Birth date of deceased Oct 7 1886
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 10
If less than one day hr. min.

9. Birthplace Mt. Vernon Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business
12. Name Saut (Kear)
13. Birthplace Saut (Kear) 9
(City, town, or county) (State or foreign country)
14. Maiden name Saut (Kear)
15. Birthplace Saut (Kear) 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Parker
(b) Address Howard Ridge Mo

17. (a) Burial (b) Date thereof 12-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Howard Ridge

18. (a) Signature of funeral director O.B. McClure
(b) Address Mt. Vernon Ill.

19. (a) 1-2-40 (b) J.T. McKee
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County ozark 77
(c) City or town Rural Lick Creek 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1 M.E. Howard Ridge Mo 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 17
year 1940 hour 6 minute 15 M.
21. I hereby certify that I attended the deceased from Sept. 15
1940 to Dec. 17, 1940
that I last saw him alive on Dec 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 89%

Due to
Due to 136
Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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?
5-10 (Specify type of place)
While at work? (e) Means of injury

23. Signature J.E. Paen (M. D. or other) 0
Address Lammille Mo Date signed 1/31/40

RECEIVED

District Health Officer No. 6

District File Number 141-202

Date Filed FEB 4 - 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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.