

FILED SEP 10 1941

Registration District No. **4013**

Primary Registration District No. **4013**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **ATCHISON**
(b) City or town **ROCK PORT**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **EFFIE MAY PERRY**

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

4. Sex **FEMALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **JOHN PERRY** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **2 10 1869**
(Month) (Day) (Year)

8. AGE: Years **72** Months **6** Days **21** If less than one day _____ hr. _____ min.

9. Birthplace **ROCK PORT MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business _____

MOTHER FATHER { 12. Name **BARNEY BARTHOLOMEW**

13. Birthplace **UNKNOWN OHIO**
(City, town, or county) (State or foreign country)

14. Maiden name **CYTHIA CLEVENGER**

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

16. (a) Informant's own signature **Opal Baker**
(b) Address **Nebraska City, Mo. Neb.**

17. (a) **BURIAL** (b) Date thereof **9-3-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **GREEN HILL CEM. Nat Bartolomew**

18. (a) Signature of funeral director **Rock Port, Mo.**
(b) Address **Rock Port, Mo.**

19. (a) **Sept 2 1941** (b) **Mary H. Chamberlain**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ATCHISON**
(c) City or town **ROCK PORT, MO**
(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 **Sept** day **1st** year **1941** hour _____ minute **0** M.

21. I hereby certify that I attended the deceased from **Aug 31, 1941**, 19____ to **Sept 1, 1941**, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration _____

Due to **Valvular heart disease**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **gix**

Major findings: Of operations _____

Of autopsy _____

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?

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

23. Signature **Chas. T. Settle** (M.D. or other) _____
Address **Rock Port, Mo.** Date signed **9-2-41**

PHYSICIAN
Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X19311

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 Geoff Bartholomew

Licensed Embalmer No. 3173

P. O. Address Rock Port. 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.