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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30914
Registrar's No. 262

FILED OCT 24 1941
Registration District No. _____

Primary Registration District No. 1

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

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Marshall City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Community Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether in this community _____ years, months or days)

3. (a) PRINT FULL NAME Emma E. Perry

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F 5. Color or race w

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

6. (b) Name of husband or wife Floyd Perry

6. (c) Age of husband or wife if alive 42 years 6 months 1899 (Year)

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 41 Months 10 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Adair Co. Mo. D.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Robt. M. Claunch

13. Birthplace Mo. Adair Co.
(City, town, or county) (State or foreign country)

14. Maiden name Effie Claunch

15. Birthplace Adair Mo. D.
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Perry

(b) Address Brashear Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept 14/41
(Month) (Day) (Year)

(c) Place: burial or cremation Center Cemetery

18. (a) Signature of funeral director F. P. Eastep

(b) Address Brashear Mo.

19. (a) Sept 13/41 (Date received local registrar) (b) Spencer K. Meamer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair ⁰⁰¹

(c) City or town Rural ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. 5 1/2 mile N. Brashear
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year 1941 hour 10 minute 32 P.M.

21. I hereby certify that I attended the deceased from Sept 2 1941, to Sept 8 1941
that I last saw her alive on Sept 8 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Auricular Fibrillation Duration 24 hrs

Due to Chronic Endocarditis
Hypostatic Pneumonia

Due to Cerebral Embolism 3 wks
Mesenteric Embolism

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations gba

Of autopsy _____

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) _____

(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 F

23. Signature Richard S. Yell (M. D. or other) D.O.

Address Community Nursing Home Date signed 9-13-41

RECEIVED

District Health Officer No. 10

District File Number 10-41-1893

Date Filed OCT 17 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 Fred T. Easley

Licensed Embalmer No. 1146

P. O. Address Traders, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.