

No. 2  
1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

5556

State File No. \_\_\_\_\_

FILED MAP 1942/399  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 528

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town R. C. Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Gen'l Hosp No. 20  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community About 20 yrs. (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Jackson  
(c) City or town R. C. (If outside city or town limits, write "RURAL") 48  
(d) Street No. 1211 Highland (If rural, give location) 3  
(e) Citizen of foreign country? No. (Yes or No) 8  
If yes, name country \_\_\_\_\_

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 1 day 16  
year 1942 hour 6 minute 15 P.M.

4. Sex male 5. Color or race Col  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband of wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased: Dec. 14 1903  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_  
that I last saw \_\_\_\_\_ alive on \_\_\_\_\_ to \_\_\_\_\_  
and that death occurred on the date and hour stated above.  
In the cause of death \_\_\_\_\_ Duration \_\_\_\_\_

8. AGE: Years 38 Months 1 Days 2 If less than one day  
\_\_\_\_\_ hr. \_\_\_\_\_ min.

Puncture wound of scalp  
Due to head trauma & fatal cerebral  
Due to hemorrhage 168  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_

9. Birthplace Conway Ark. (City, town, or county) (State or foreign country)  
10. Usual occupation habbiter

Physician \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
Of operations \_\_\_\_\_  
Of autopsy Yes

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name George Earl Perry  
13. Birthplace 1 S. Cal. (City, town, or county) (State or foreign country)  
14. Maiden name Janie  
15. Birthplace 1 S. Cal. (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) homicide  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? do not know (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
\_\_\_\_\_ (Specify type of place) \_\_\_\_\_ Means of injury light  
23. Signature M. H. Brown (M. D. or other) \_\_\_\_\_  
Address K. C. Mo. Date signed \_\_\_\_\_

16. (a) Informant Hester Williams  
(b) Address 5419 So. Benton  
17. (a) Burial (b) Date thereof 2-9-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Blue Ridge  
18. (a) Signature of funeral director Adkins Bros.  
(b) Address 2009 12th St. K.C. Mo.  
19. (a) 2-6-42 (b) M. H. Brown  
(Date received local registrar) (Registrar's signature)

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

**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..... *Edw. Evans* .....

Licensed Embalmer No..... *3836* .....

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.**