

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

12359
Do not use this space.

FILED APR 20 1942

1. PLACE OF DEATH

(a) County Wright Registration District No. 949

(b) Township Union Primary Registration District No. 6225

(c) City _____ (d) Street No. _____ (if death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elsie Perryman

(a) Residence, No. RURAL St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Perryman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>57</u>		<u>2</u>	<u>24</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeping

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Niangua, Mo.

MOTHER

FATHER

13. NAME Willie Hightower

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion, Ill.

17. INFORMANT (ADDRESS) Jim Weaver

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Littlevine DATE Apr 27, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) T. M. Sencer

20. FILED Mar. 31, 1942 John M. Vestal
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1941

22. I HEREBY CERTIFY, that I attended deceased from April 20, 1941, to April 26, 1941
I last saw her alive on April 26, 1941. Death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:
Labor Pneumonia

Date of onset _____

Other contributory causes of importance: 106

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. V. Hough, M. D.
(Address) Greene Springs

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 6,

District File Number 442-547

Date Filed APR 15 1942

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, above space should be left blank.