

Registration District No. 660 Primary Registration District No. 5878 5396 Registrar's No. 52

1. PLACE OF DEATH:
(a) County. Perry
(b) City or town. Perryville Mo. Town
(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. (Specify whether)
In this community. 77- 8- 17
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Perry 79
(c) City or town. Perryville Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Henry J. End
3. (b) If veteran, name war. 3. (c) Social Security No. NONG

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced, or married
6. (b) Name of husband or wife Elizabeth End
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Oct. 8 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Maker

11. Industry or business

MOTHER FATHER
12. Name Gabriel End
13. Birthplace Gormany 4
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Hausmann
15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth End
(b) Address Perryville Mo.

17. (a) Burial (b) Date thereof July 28 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young, some
(b) Address Perryville Mo.

19. (a) 7-27-42 (b) O. F. Brewer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1942 hour 11 minute 50 P.M.
21. I hereby certify that I attended the deceased from 1935
19... to July 1 1942, 19...
that I last saw him alive on July 1 1942, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death.
Hemorrhage of lungs
Due to Carcinoma of lung
Due to

Other conditions (Include pregnancy within 3 months of death)
H 7 d

Major findings:
Of operations
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)
23. Signature A. F. Bailey M.D. U
Address Perryville Mo. Date signed 7/29/42
(M. D. or other)

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

79
/

RECEIVED

District Health Office No. 4

District File Number 842-708

Date Filed 8-14-43

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 Emmale Young

Licensed Embalmer No. 2138

P. O. Address Penwell 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, fact should be so stated above.