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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27362

Registration District No. 151

Primary Registration District No. 5573

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3½ miles South East Blue Springs (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 23 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. Route One (If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Lewis Daniel Perdue

3. (b) If veteran, name war none

3. (c) Social Security No. 493-12-3526

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Florence Glew Perdue

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased March (Month) 7 (Day) 1919 (Year)

8. AGE: Years 23 Months 4 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Grain Valley (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Lewis Mark Perdue
13. Birthplace Cockerel (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Nellie Parsons
15. Birthplace Buchanan Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Florence Glew Perdue

(b) Address Grain Valley Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2 - 42 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs

18. (a) Signature of funeral director A W Brockfield

(b) Address Pleasant Hill Mo

19. (a) Aug 6 - 42 (Date received local registrar) (b) Mrs. W. G. Rowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 30 year 42 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Due to Death by Drowning ✓

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Resident thymus
Mild Hyperplasia Splen
Of autopsy Acute Pul. edema

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 048

(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? ..... (Specify type of place)

While at work ..... (e) Means of injury ✓

23. Signature [signature] (M. D. or other)

Address [signature] Date signed

1011 By Mae Lawson

(Licensed Embalmer's Statement on Reverse Side)

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 Floyd C. Larson

Licensed Embalmer No. 4199

P. O. Address Independence

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.

7. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27362

Registration District No. 151 Primary Registration District No. 5573 Registrar's No.

1. PLACE OF DEATH:

(a) County: Jackson

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

(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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: Lewis Daniel Peidue

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Mar (Month) 7 (Day) 19 (Year)

8. AGE: Years 23 Months 4 Days (If less than one day) hr. min.

9. Birthplace: Mo (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) Mrs. John Lawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from, 19; that I last saw him alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Death by drowning

Due to --

Due to --

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Persistent thymus
Mild hyperplasia spleen
Acute pulmonary edema.
Of operations
Of autopsy: see above

Duration

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): accident

(b) Date of occurrence: 7/30/42

(c) Where did injury occur? Grain Valley, Mo. Jackson County (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? in a pond near his home (Specify type of place)

While at work (e) Means of injury: drowned wife swimming

23. Signature (M.D. or other)

Address: Kansas City, Missouri Date signed

SUPPLEMENTARY