

FILED SEP 30 1942

Registration District No. 275 Primary Registration District No. 5783 Registrar's No. _____

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

1. PLACE OF DEATH:
(a) County Mullee
(b) City or town Rural - Richwoods
(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 _____)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Mullee
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Iberia, Mo, R# 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PEARLEE SHERMAN SMITH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Leziel Smith 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 2 - 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business Groom

MOTHER FATHER { 12. Name Charles D. Martin
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Sherman
15. Birthplace Pennesse
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Smith
(b) Address Iberia Mo

17. (a) Burial (b) Date thereof Sept. 15-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iberia, Mo. R# 2

18. (a) Signature of funeral director Ch Casey

(b) Address Iberia Mo

19. (a) 9/15/42 (b) Jessie Perkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11
year 1942 hour 9 minute 8 M.
21. I hereby certify that I attended the deceased from Nov
1942 to Sept. 11, 1942
that I last saw her alive on Sept. 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
Due to ruptured mesenteric artery
Due to cardiac-vascular renal disease
Other conditions _____
(Include pregnancy within 3 months of death)

Duration 40 hrs.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: 131a
Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) c
(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?
(Specify type of place) _____
While at work? _____ (Specify type of place) _____
Cause of injury _____

23. Signature C. Wald (M. D. certifier)
Address Crocker Mo Date signed 9-15-42

RECEIVED

Major County Health Dept

County File Number 42-73

Date Filed 9/28/42

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

W. B. Casey

Licensed Embalmer No.

2694

P. O. Address

Peru, 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.