

FILED NOV 10 1942

Registration District No. 254

Primary Registration District No. 4386

Registrar's No. ....

75  
1  
0

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

1. PLACE OF DEATH:

(a) County Oregon

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 years  
(Specify whether years, months or days)

In this community 12 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

(c) City or town Thayer  
(If outside city or town limits, write "RURAL")

(d) Street No. ....  
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0  
If yes, name country .....

3. (a) PRINT FULL NAME Edwin Riley Percival

3. (b) If veteran, name war .....

3. (c) Social Security No. 496-20-5485

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married. 2 divorced Widowed

6. (b) Name of husband or wife Mattie Ada Anderson

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

7. Birth date of deceased July 23 1866  
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 2  
If less than one day hr. min.

9. Birthplace Homer Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Jeweler

11. Industry or business .....

MOTHER FATHER { 12. Name Erastus Percival

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

14. Maiden name Unknown

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

16. (a) Informant Charles R. Percival

(b) Address Blytheville, Ark.

17. (a) Burial (b) Date thereof 9/29/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifton Cem.

18. (a) Signature of funeral director Leo Carr

(b) Address Thayer, Mo.

19. (a) 10-6-42 (b) Jae W. Williams  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25  
year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept. 24 to Sept 25th 1942  
that I last saw him alive on Sept 25th at 7 P.M. 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis  
Basilar

Due to full blown infection

Due to .....

Other conditions gfo  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations .....

Of autopsy .....

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) .....

(b) Date of occurrence .....

(c) Where did injury occur? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work 0 (Specify type of place) (e) Means of injury 0

23. Signature Mammeth Spring, Ark. (M. D. or other) .....

Address Mammeth Spring, Ark. Date signed .....

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed

1142972

11-9-42

**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.....

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, fact should be so stated above.**