S. No. 2
1—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1943

Registration District No. 29

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4443

State File No. 41699

Registrar's No. 77

88 1 0

1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: Huntsville
(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: Missouri (b) County: Randolph
(c) City or town: Huntsville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

88 1 0

3. (a) PRINT FULL NAME: Perry Okley Tharp
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Sallie Tharp
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December (Month) 24 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
54	0	0	hr. min.

9. Birthplace: Randolph County (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: General Laborer
11. Industry or business:
MOTHER FATHER
12. Name: Don't know
13. Birthplace: (City, town, or county) 9 (State or foreign country)
14. Maiden name: Don't know
15. Birthplace: (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Sallie Tharp
(b) Address: Huntsville, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12/27/1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Huntsville Cemetery
18. (a) Signature of funeral director: Tony E. Patton
(b) Address: Huntsville, Mo
19. (a) 1/7/43 (Date received local registrar) (b) Mrs. P. V. Dwyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 24 Year 1942 hour 6:30 A.M. minute M.
21. I hereby certify that I attended the deceased from Dec 1, 1942, to Dec 24, 1942 that I last saw him alive on Dec 23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Relaxation of Heart	5 min.
Due to Mitral Regurgitation	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Interstitial Nephritis	2 months

Major findings:
Of operations: 13 10
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? (Specify type of place)
While at work? (e) Means of injury: x
23. Signature: [illegible] (M. D. or other) [illegible]
Address: Huntsville Mo Date signed 1/13/42

1021 (Licensed Embalmer's Statement on Reverse Side)

MAR 30 1943

JAN 13 1943

JAN 19 1943

DEC 16 1954

RECEIVED
District Health Officer No. 10
District File Number 1-43-54
Date Filed 1-11-1943

NOV 9 1953

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 Paul T. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, M

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.