

S. No. 2
M-5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24309

State File No.

Registrar's No. 158

AUG 10 1943

Registration District No. 38

Primary Registration District No. 3006

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

1. PLACE OF DEATH:

(a) County Boone

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

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

(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

In this community 6 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 1513 University Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME JUAN TOMAS PERAK

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Elena Salomon Perak 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 1 - 3 - 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

27 5 26 hr. min.

9. Birthplace Pergamino Argentina
(City, town, or county) (State or foreign country)

10. Usual occupation Genetic Student

11. Industry or business

MOTHER FATHER { 12. Name Antonio Perak

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

14. Maiden name Maraguita Maroevich

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

16. (a) Informant Elena Salomon Perak

(b) Address 1513 University Ave.

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

(c) Place: burial or cremation Argentina

18. (a) Signature of funeral director Barber Funeral Service
Columbia, Mo.

19. (a) 7-30-1943 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1943 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from June - 28 1943 to June 29 1943
that I last saw him alive on June - 29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Rocky Mountain Spotted Fever

Due to
Due to

Other conditions 39c
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Report not complete

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?
(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) (e) Means of injury

23. Signature J.C. Suggert (M. D. or other) M.D.
Address Columbia Mo Date signed 7-28-43

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.....

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.