. S. No. 2
M—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Dr. Pressnell
FILED MAR 20 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12307

Registration District No. 223 Primary Registration District No. 3074 Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sikeston General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community 24 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72 0
(c) City or town Canalou Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Ernest Howard Percy
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex M
5. Color or race W 0
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Tina Percy
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased 12 (Month) 27 (Day) 1878 (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	2	15	hr. min.

9. Birthplace Bloomington (City, town, or county) Ill / (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name James Percy
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Mary Moore
15. Birthplace Mt. Joy (City, town, or county) Pa. / (State or foreign country)
16. (a) Informant Mrsm E. H. Percy
(b) Address Canalou Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/44 (Month) (Day) (Year)
(c) Place: burial or cremation Bloomington Ill.
18. (a) Signature of funeral director [signature]
(b) Address Sikeston Mo.
19. (a) 3/13/44 (Date received local registrar) (b) Louie Largent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 12 year 1944 hour 11 minute oop. M.
21. I hereby certify that I attended the deceased from April 4-1943, 19..., to March 12, 1944 that I last saw him alive on March 12, 1944 and that death occurred on the date and hour stated above.
Immediate cause of death Carrier-Renal
Due to
Due to
Other conditions (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.

13/a

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
23. Signature [signature] (M. D. or other)
Address Sikeston Mo Date signed 3-13-44

1314

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 344-515
Date Filed 3-16-44

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 John Allenton

Licensed Embalmer No. 2941

P. O. Address Sikeston 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.