

FILED JAN 5 1945

Registration District No. 59

Primary Registration District No. 5223

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Rural, Everett Township.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Not in Hospital. At Farm Home. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Does not apply  
(Specify whether  
In this community 45 years.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cass. 19  
(c) City or town Rural, Everett Township 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9 1/2 Miles N/E Drexel, Mo. 0  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country U

3. (a) PRINT FULL NAME PERRY JAMES FIFE

3. (b) If veteran, name war none 3. (c) Social Security No. none.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Lillie Fife. 6. (c) Age of husband or wife if alive Dead. years  
7. Birth date of deceased Nov. 12, 1867.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 1 17 hr. min.

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

10. Usual occupation Farmer.

11. Industry or business Farming.

MOTHER FATHER { 12. Name Dont Know.  
13. Birthplace Dont know. (City, town, or county) (State or foreign country)  
14. Maiden name Dont Know.  
15. Birthplace Dont Know. (City, town, or county) (State or foreign country)

16. (a) Informant Ernest Fife.

(b) Address Drexel, Missouri.

17. (a) Burial. (b) Date thereof 1/2/45.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hickory Grove Cem.

18. (a) Signature of funeral director [Signature]  
(b) Address Drexel, Missouri.

19. (a) 12/31/44. (b) Margaret Valle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29  
year 1944 hour 10 minute 45 p. M.

21. I hereby certify that I attended the deceased from Dec 15, 1944, to Dec 29, 1944  
that I last saw him alive on Dec 28, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Failure Duration 2 hrs  
Due to Myocardial Infarction

22. Other conditions Similarity  
(Include pregnancy within 3 months of death)

Major findings: Of operations g 2  
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:  
(c) 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) \_\_\_\_\_ (M. D. or other)  
23. Signature Boyd O. Hartwell Address Drexel, Mo. Date signed 12/31/44

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

100

**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 personally

~~working under my personal supervision.~~ Registered Apprentice No. \_\_\_\_\_

Signed [Signature]

Licensed Embalmer No. 1950

P. O. Address Drexel 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.