

FILED MAY 10 1946 STANDARD CERTIFICATE OF DEATH

12453

State File No.

Registration District No. 29

Primary Registration District No. 5-175-

Registrar's No. 9

1. PLACE OF DEATH:

(a) County: Samplel
(b) City or town: Branch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Russell Trst
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Samplel
(c) City or town: Branch Mo
(If outside city or town limits, write "RURAL")
(d) Street No.: Russell Trst
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME: GERRY DEAN PERRICK

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: single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: March 17 - 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months 16 Days _____ If less than one day hr. _____ min. _____

9. Birthplace: Branch Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Infant

11. Industry or business: _____

12. Name: Best Perrick

13. Birthplace: Branch Mo
(City, town, or county) (State or foreign country)

14. Maiden name: Alice King

15. Birthplace: Branch Mo
(City, town, or county) (State or foreign country)

16. (a) Informant: Best Perrick
(b) Address: Branch Mo

17. (a) Burial (b) Date thereof: 4/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Wells Cemetery

18. (a) Signature of funeral director: Wells
(b) Address: Branch Mo

19. (a) 4-5-46 (b) G. J. Myers M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 3
year: 1946 hour: 3 minute: 9 M.

21. I hereby certify that I attended the deceased from March 17th 1946, to April 3rd 1946, that I last saw him alive on March 21st 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Congenital debility
1 year

Duration: 1 day

Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: 158
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury: fall

23. Signature: L. A. Glover (M. D. or other) MD
Address: Libona Mo Date signed: 4/3/46

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

11362

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NO. 7,
4-46-292
Date Filed 8-9-46

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, above space should be left blank.