

FILED JUN 3 1946

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincent's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos 11 days
(Specify whether years, months or days)
In this community over ten years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 900 7th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME

Laura Perry

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race w

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Halter Perry

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 6 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 2
If less than one day hr. _____ min. _____

9. Birthplace Barry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name George Koller

13. Birthplace Lee County Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Heald

15. Birthplace Barry County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Halter Perry

(b) Address 900 - 7th at Monett Mo

17. (a) Burial (b) Date thereof Apr 10 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int hallway Monett mo.

18. (a) Signature of funeral director Kalladway
(b) Address Monett mo

19. (a) 4-10-46 (b) W. M. West
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1946 hour 5 minute 53 A. M.

21. I hereby certify that I attended the deceased from Jan
1945 to April 8 1946
that I last saw h. ex alive on April 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Chronic nephritis
arteriosclerosis kidney

Duration
3 yrs
8 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 131/8

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) _____ (Means of injury)
23. Signature Frank D. West (M. D. or other)
Address Monett Mo Date signed _____

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

RECEIVED

District Health Officer No. 6;

District File Number 546-597

Date Filed MAY 15 1946

JUN 10 1946

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 J. D. Buchanan

Licensed Embalmer No. 3129

P. O. Address Monett 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.