

FILED JUN 5 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 137

Primary Registration District No. 4214

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Henry

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

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

(d) Length of stay: In hospital or institution 20 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Harvey L. Perkey

3. (b) If veteran, name war ✓

3. (c) Social Security No. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 29 year 1946 hour 8 minute 30 P.M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Nov 2 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-20 1946 to 4-29 1946 that I last saw him alive on 4-20 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 5 Days 27 If less than one day hr. min.

Immediate cause of death Don't know
See reverse side of sheet.
Cardio-vascular
Renal Disease

Duration

9. Birthplace Jackson Co Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation retiree head

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 12/6

Of autopsy

11. Industry or business

MOTHER FATHER { 12. Name not known

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace not known
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Clinton Perkey

(b) Address Appleton City Mo

17. (a) burial (b) Date thereof 5-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peapack cem

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?

18. (a) Signature of funeral director Frank Williamson
(Specify type of place)

(b) Address Clinton Mo

19. (a) 5-2-46 (b) R.R. Kenney
(Date received local registrar) (Registrar's signature)

23. Signature R.P. Pielor M.D. (M. D. or other)
Address Clinton Mo Date signed 5/2/46

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

This man was in my office April 20th. He seemed to be doing fairly well. I had not seen him since and know nothing of his terminal symptoms

RECEIVED
District Health Officer No. 7,
District File Number 5-46-48-9
Date Filed 6-4-46

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.....

Fred W. Peterson

Licensed Embalmer No.

7478

P. O. Address.....

Clinton 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.