S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17696

Registration District No. 280 Primary Registration District No. 4414 Registrar's No. 37

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Platte City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Platte
(c) City or town Platte City Mo.
(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 Thomas H. Perry, Sr.
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emma Cook Perry
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased December 5, 1868 (Month) (Day) (Year)
8. AGE: Years 77 Months 5 Days ..... If less than one day ..... hr. ..... min.
9. Birthplace Platte County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation farmer
11. Industry or business farmer
FATHER 12. Name Ben E. Perry
13. Birthplace Maryland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Deborah Colman Perry
15. Birthplace Weston (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Tom Perry, Jr.
(b) Address Platte City, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation Platte City, Mo. Cemetery
18. (a) Signature of funeral director Rollins-Mitchell
(b) Address Platte City, Missouri
19. (a) 6-10-46 (Date received local registrar) (b) Mrs. Ophia Rollins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1946 hour 8:11 PM minute — M.
21. I hereby certify that I attended the deceased from Aug 1, 1945 to May 5, 1946 that I last saw him alive on May 5, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Regurgitation	10 yrs +
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 92#	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature E. K. Langford (M. D. or other)
Address Platte City Mo. Date signed 5-10

257 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Frances M. Giffee

Licensed Embalmer No. 4393

P. O. Address Platte City, 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.