

FILED JUN 12 1946

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 649

1. PLACE OF DEATH

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution Enroute to hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community about 20 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 3404 Bevanide
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMERY-A-PERRY

3. (b) If veteran, name war NO 3. (c) Social Security No. 491-09-1556

4. Sex Male 5. Color or race Whit 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Maude 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Apr 13 1900
(Month) (Day) (Year)

8. AGE: 46 Years 1 Months 18 Days If less than one day _____ hr. _____ min.

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

10. Usual occupation Employer of

11. Industry or business Steph's Floral Co.

12. Name Amos Perry

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

14. Maiden name Maude Hampton

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

16. (a) Informant Mrs. Marie Perry

(b) Address 3404 Bevanide - St. Joseph

17. (a) B (b) Date thereof June 4 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ashland cemetery

18. (a) Signature of funeral director Blaine Funeral Home
(b) Address St. Joseph, Mo.

19. (a) June 2 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1946 hour 2:10 minute P M.

21. I hereby certify that I attended the deceased from 4-10-45 to 4-3-46, 19____, and that death occurred on 4-3-46, 19____.

Immediate cause of death Heart insufficiency

Other conditions Chronic bronchitis; pneumonia; general disability

Major findings: Of operations _____ Of autopsy 92K

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 _____

23. Signature W. W. Thompson (M. D. or other) _____
Address 825 Charles Date signed 6/2/46

Duration

2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

4

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 Emm. Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.