S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33318

FILED NOV 7 1946

Registration District No. 121 Primary Registration District No. 5452 Registrar's No. 88

1. PLACE OF DEATH:

(a) County: Greene

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

(c) Name of hospital or institution: 2 mi E. Ash Grove U.S. 160-Ambulance (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 (Specify whether years, months or days)

In this community: passing thru in ambulance

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barton

(c) City or town: Lamar, Missouri (If outside city or town limits, write "RURAL")

(d) Street No.: 500 Gulf (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Charley Brown Perry

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Male D

5. Color or race: Whi

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

6. (b) Name of husband or wife: Maude Perry

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: March (Month) 15th (Day) 1883 (Year)

8. AGE: Years 63 Months 7 Days 14 If less than one day ____ hr. ____ min.

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

10. Usual occupation: Insurance Broker

11. Industry or business: Insurance Agency

FATHER
12. Name: Elias Washington Perry
13. Birthplace: Maryland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Alta Jane Brown
15. Birthplace: Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Maude Perry

(b) Address: 500 Gulf St. Lamar, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 31. '46 (Month) (Day) (Year)

(c) Place: burial or cremation: Oakton Cemetery

18. (a) Signature of funeral director: Gibson Funeral Home

(b) Address: 1201 Broadway Lamar, Mo.

19. (a) Oct. 30, 1946 (Date received local registrar) (b) Irene P. Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29 year 1946 hour 3:05 minute P M.

21. I hereby certify that I attended the deceased from February 10, 1946, to Oct 29 1946, that I last saw him alive on Oct 26, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	2 min?
Due to: Arteriosclerotic heart disease	15 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): 93D	
Major findings: Of operations:	
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: 0

23. Signature: James A. Atkins (M. D. or other) MD

Address: Lamar, Mo. Date signed: 30 Oct 46

111

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 46-11-116
Date Filed 11/4/41

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 C N Gibson

Licensed Embalmer No. 2299

P. O. Address Lamar 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.