No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43416

State File No.

Registration District No. 23 Primary Registration District No. 3010 Registrar's No. 35

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

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

(d) Length of stay: In hospital or institution none (Specify whether

In this community all life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape 16

(c) City or town Cape Girardeau 1 (If outside city or town limits, write "RURAL")

(d) Street No. 128 So Park 4 (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Johanna Perr

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race W

6. (a) ~~Single,~~ widowed, ~~married,~~ divorced 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased Jan (Month) 12 (Day) 1888 (Year)

8. AGE: Years 58 Months 10 Days 0 If less than one day hr. min.

9. Birthplace Egypt Mills (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation House wife

11. Industry or business None

FATHER
12. Name Aug Barchet
13. Birthplace Unknown (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 0

16. (a) Informant Hy Perr

(b) Address Cape Girardeau

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14 (Month) 1946 (Day) (Year)

(c) Place: burial or cremation Laurier Pinkley

18. (a) Signature of funeral director Joe G. Hamilton

(b) Address Cape Gir. Mo.

19. (a) 2-7-1947 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12 year 1946 hour 9:30 minute pm M.

21. I hereby certify that I attended the deceased from Jan 1 1945, to Nov 12 1946 that I last saw her alive on Nov 12 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Valvular Heart Disease	18 Months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

92D

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 J. W. Berry (M. D. or other)

Address Cape Girardeau, Date signed 2-7-47

(Licensed Embalmer's Statement on Reverse Side)

Registrar's Office No. 4
Registrar's File Number 247-198
Date Filed 2-10-47

FEB 13 1947

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.