

No. 2  
-8-43  
5-17-39  
I X37823

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43728

FILED FEB 20 1947

State File No. \_\_\_\_\_

Registration District No. 3

Primary Registration District No. 5118

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town McBaine, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 62 Years  
years, months or days)

3. (a) PRINT FULL NAME CHARLES ROBERT PERRY

3. (b) If veteran, None name war. 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lula Poe Perry 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 11 - 3 - 1883  
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 25  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Railroad Employee

11. Industry or business \_\_\_\_\_

12. Name John Perry

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

14. Maiden name Sarah Capper

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

16. (a) Informant Mrs. Charles R. Perry

(b) Address Route 1, McBaine, Mo.

17. (a) Burial (b) Date thereof 10-30-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wharton Cemetery

18. (a) Signature of funeral director Carroll Funeral Service  
Columbia, Missouri

(b) Address \_\_\_\_\_

19. (a) Feb 17 47 (b) Miss W. A. Capper  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10  
(c) City or town McBaine 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 1 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 2  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28  
year 1946 hour 2 minutes \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Feb. 3  
1946 to Oct. 14, 1946  
that I last saw him alive on Oct. 14, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma of the stomach  
12 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Same as above  
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? 0

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature James P. Baker M. D. or other \_\_\_\_\_

Address Columbia, Mo. Date signed Feb 17 47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
42535  
no fee

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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43728

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Registration District No. 29

Primary Registration District No. 5118

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town McBaine, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 62 Years  
years, months or days

3. (a) PRINT FULL NAME CHARLES ROBERT PERRY

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lula Poe Perry 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 11 - 3 - 1883  
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 25  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Railroad Employee

11. Industry or business \_\_\_\_\_

12. Name John Perry 13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Capper 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles R. Perry  
(b) Address Route 1, McBaine, Mo.

17. (a) Burial (b) Date thereof 10-30-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wharton Cemetery

18. (a) Signature of funeral director Parsons Funeral Service  
Columbia, Missouri

(b) Address \_\_\_\_\_

19. (a) Feb 17 47 (b) Miss W. A. Cargill  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10  
(c) City or town McBaine 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 1 0  
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21. I hereby certify that I attended the deceased from Feb. 3  
1946 to Oct. 17, 1946  
that I last saw him alive on Oct. 14, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma of adenoma  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: Same as above  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN

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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 James M. Baker (M. D. or other) ME  
Address Chillicothe, Mo. Date signed Feb 17 47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
42535  
no fee

FEB 20 1947

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**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 M. V. Phillips  
Licensed Embalmer No. 3893  
P. O. Address Columbia 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.**