

FILED APR 9 1947

Registration District No. 60

Primary Registration District No. 4106

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Jerico Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXXX
(Specify whether
In this community Most of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Jerico Springs
(If outside city or town limits, write "RURAL")
(d) Street No. XXXXX
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXXXX

3. (a) PRINT FULL NAME ANDREW J. PERRY

3. (b) If veteran, name war XXXX 3. (c) Social Security No. XXXX

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
7. Birth date of deceased September 16, 1871
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 21 If less than one day XX hr. XX min.

9. Birthplace Unknown, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business XXXXXX

12. Name William H. Perry
13. Birthplace Unknown, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Pernelian Ann Davis
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Rachel Potts
(b) Address Jerico Springs, Missouri
17. (a) Burial (b) Date thereof 3-9-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenfield, Missouri

18. (a) Signature of funeral director CHURCH AND NEALE
(b) Address Stockton, Missouri
19. (a) 3-19-47 (b) Mrs. Velma Ellis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1947 hour 8 minute 40P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on 3-7, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Duration days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 108 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? _____ Means of injury _____
23. Signature Wm B. Kitter (M. D. or other) _____
Address Stockton, Mo. Date signed 3-10-47

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

MOYER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 3-47-421
Date Filed 4-8-47

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 Melvin Chesser
Licensed Embalmer No. 3272
P. O. Address Stockton 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.