DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21490

Registration District No. 176 Primary Registration District No. 5-6-4-43035 Registrar's No. 40

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

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Lexington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Water Tower Hill 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Lafayette 54
(c) City or town Lexington 3
(If outside city or town limits, write "RURAL")
(d) Street No. City 2
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Joseph Perry
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex MCO
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife not known
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July (Month) 5 (Day) 1885 (Year)

8. AGE: Years 61 Months 10 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Lexington (City, town, or county) MO (State or foreign country)
10. Usual occupation Laborer
11. Industry or business .....
FATHER
12. Name Joseph Perry
13. Birthplace ..... (City, town, or county) England 4 (State or foreign country)
MOTHER
14. Maiden name Sarah E Raphan
15. Birthplace Lexington (City, town, or county) MO (State or foreign country)
16. (a) Informant Richard Perry
(b) Address Lexington MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 27 (Day) 47 (Year)
(c) Place: burial or cremation Lexington MO
18. (a) Signature of funeral director Forrest F Quiper
(b) Address Lexington MO
19. (a) 4 June 47 (Date received local registrar) (b) Nelson E Eastlick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1947 hour 7 minute P M.
21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemopericardium	?
Due to Aortitis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy Same 90 (B)

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) 0
While at work? (e) Means of injury .....
23. Signature Edward C. H. Schmidt (M. D. or other) M. D.
Address St. Luke's Hospital Kansas City, Mo. Date signed 26 May 1947

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed ....6-28-47....

AUG 4 1947

APR 5 1948

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 Geo McKean

Licensed Embalmer No. 2983

P. O. Address Lexington 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.