S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38670

FILED DEC 9 1947

Registration District No. 136

Primary Registration District No. 2001

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 39 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 1
(If outside city or town limits, write "RURAL")
(d) Street No. III South Penn. 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Chlora Perry
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Andrew J. Perry
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 20 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	10	4	hr. min.

9. Birthplace Hazelton (City, town, or county) Pa. (State or foreign country) 1
10. Usual occupation At Home
11. Industry or business Thomas Hall
FATHER
12. Name Thomas Hall
13. Birthplace England (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Mary Ann Ballard
15. Birthplace (City, town, or county) Pa. (State or foreign country) 1
16. (a) Informant Andrew J. Perry
(b) Address III South Penn.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem.
18. (a) Signature of funeral director Hedge-Lewis
(b) Address Webb City Mo.
19. (a) 10-29-47 (Date received local registrar) Dolores Lamplins (Registrar's signature) 124

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
year 1947 hour 8 minute a M.

21. I hereby certify that I attended the deceased from October 15, 1947, to October 24, 1947; that I last saw her alive on October 24, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Accident	30 Min.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 4610	
Major findings: Of operations Carcinoma of the rectum.	
Of autopsy	

PHYSICIAN
Underline the cause of 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 [signature] (M. D. or other)
Address 308 Frisco Bldg, Joplin Date signed 10/27/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-11-934

MAR 31 1948

AUG 11 1948

DEC 6 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 Leonard L. Lewis Jr. Registered Apprentice No. 46 working under my personal supervision.

Signed D. A. Sledge

Licensed Embalmer No. 2859

P. O. Address Webb City 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.