S. No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 26 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 44385

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

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: Joplin General
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Five years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 912 Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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0

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

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Pearl
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 22, (Day) 1884 (Year)

8. AGE: Years 63 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Carl Junction (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Ed Perry
13. Birthplace No record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Laura Bailey
15. Birthplace Oronogo, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Pearl Perry
(b) Address 912 Broadway, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Carl Jc. Mo.
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Mo.
19. (a) 12-29-47 (Date received local registrar) (b) Dolores Lemplein Dr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22, year 1947 hour 10:00 P minute M.
21. I hereby certify that I attended the deceased from December 12 1947, 19, to Dec. 22, 1947 that I last saw him alive on Dec 22, 1947, 19; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Heart and respiratory failure | |
| Due to Decompensating heart | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

95c

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 2

23. Signature W. E. Heinle (Dr. or other) D.O.
Address 521 W 4th., Joplin, Mo Date signed 12/26/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-12-1092

JUL 2 5 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 F. M. Jones

Licensee Embalmer No. 2319

P. O. Address Joplin 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.