

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5725

State File No.

FILED MAR 4 1948

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 38

1. PLACE OF DEATH:

(a) County... Pettis
(b) City or town... Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 3 weeks
(Specify whether years, months or days)
In this community... 54 years

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Pettis
(c) City or town... Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1201 S. Kentucky
(If rural, give location)
(e) Citizen of foreign country? l (Yes or No)
If yes, name country u

3. (a) PRINT FULL NAME CLARA M. PERRY

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced... widowed

6. (b) Name of husband or wife Andrew Jackson Perry 6. (c) Age of husband or wife if alive... years 3

7. Birth date of deceased June 3 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 8 6 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name John M. Jegglin 5

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

14. Maiden name Ann Sanger

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

16. (a) Informant Miss Margaret Stegner

(b) Address St. Louis Mo.

17. (a) Burial (b) Date thereof 2-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia Mo.

19. (a) 2-10-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8 year 1948 hour 1030 minute 4 M.

21. I hereby certify that I attended the deceased from Jan 8 1948 to Feb 8 1948 that I last saw her alive on Feb 8 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Obvrat thrombosis

Due to hypertension

Due to Rheumatic Arthritis

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 3A

Of autopsy.....

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) (e) Means of injury.....

23. Signature [Signature] (M. D.) [Signature]
Address Judithia Mo Date signed 2/9-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-3-48

~~APR 13 1948~~

MAY 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

K.P.M. Coary

Licensed Embalmer No.

3153

P. O. Address

Sedalia 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.