V. S. No. 2
50M—1/47
Rev. 5-17-39

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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

12279

State File No.

Registration District No. 132

Primary Registration District No. 5480

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 323 E. Crowder Rd. 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 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy 40
(c) City or town Trenton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 323 E. Crowder Rd. 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alice M. Perry
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife J. B. Perry
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 6 1858
(Month) (Day) (Year)

8. AGE: Years 89 Months 6 Days 8 If less than one day — hr. — min.

9. Birthplace Rushville Ill 1
(City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper Retired
11. Industry or business Home
FATHER
12. Name JAME GARRIOTT
13. Birthplace Unknown Ill 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Dale
15. Birthplace Unknown Ill 1
(City, town, or county) (State or foreign country)
16. (a) Informant Grace Mingus
(b) Address Trenton Mo.
17. (a) Burial (b) Date thereof 3-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)
Removal
(c) Place: burial or cremation La Plata Mo.
18. (a) Signature of funeral director Raymond A. Davis
(b) Address Trenton Mo.
19. (a) 3-16-1948 (b) Irene Fair
(Date received local registrar) (Registrar's signature) 115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1948 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from 30 JAN. 1947, to 14 MARCH 1948
that I last saw her alive on 15 MARCH 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS GENERALIZED ARTERO SCLEROSIS WITH HYPERTENSION.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

23. Signature Joseph M. Quisito (M. D. ~~or other~~)
Address Trenton Mo. Date signed 15 March 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton 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.