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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37443**

FILED NOV 30 1948

Registration District No. 231

Primary Registration District No. 4346

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Montgomery
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 41 yrs
years, months or days

3. (a) PRINT FULL NAME Perry A. Torbett

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. _____

4. Sex M **5. Color or race** W

6. (a) Single, widowed, married, divorced S U

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased Jan 9 th 1877
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Jonesburg Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Photographer

11. Industry or business _____

12. Name Lee Torbett

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

14. Maiden name Susan Wilson

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

16. (a) Informant Miss Addie Torbett

(b) Address Montgomery City Mo

17. (a) Burial **(b) Date thereof** 11-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) 11-22-48 **(b) Urban R. Spires**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Montgomery
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17
year 1948 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from 12:01 AM
18 NOV - 1948, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Indigestion

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Urban R. Spires **(M.D. or other)** _____

Address Montgomery City Mo **Date signed** 20 Nov 48

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

MOTHER FATHER

DEC 6 1949

DEC 2 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 on the 18 th
day of November 1948 (_____, Registered Apprentice No. _____
working under my personal supervision.

Signed *C. W. Hopkins*
C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery 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.