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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 8 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11332

Registration District No. 369 Primary Registration District No. 6249 Registrar's No. 4

1. PLACE OF DEATH:
(a) County WAYNE
(b) City or town PIEDMONT
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Benton Twp. (Specify whether
In this community 30 yr
years, months or days)

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

3. (a) PRINT FULL NAME LENA BELL PEVRIL
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CLINT PEVRIL
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased DEC. (Month) 15 (Day) 1898 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	2	8	— hr. — min.

9. Birthplace REGENES (City, town, or county) ILL. (State or foreign country)
10. Usual occupation HOUSE WORK
11. Industry or business HOME
FATHER
12. Name GEORGE B. FARRIS
13. Birthplace (City, town, or county) ILL. (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant CLINT PEVRIL
(b) Address PIEDMONT
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 26 1949 (Month) (Day) (Year)
(c) Place: burial or cremation MASONIC CEM.
18. (a) Signature of funeral director Norman W. [illegible]
(b) Address Piedmont, Mo.
19. (a) Feb. 28, 49 (Date received local registrar) (b) Susie E. Piles (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month FEB. day 23
year 1949 hour 4 minute 20 P.M.
21. I hereby certify that I attended the deceased from Feb. 20, 1949 to Feb 23, 1949
that I last saw him alive on Feb. 23, 1949;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Block.	
Due to Nephritis Ch.	10 years
Pyrexia Hem.	5 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to 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 L. E. Tomy (M. D. or other)
Address Piedmont, Mo. Date signed 2-25-49

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 449-459

Date Filed 4-7-49

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 ..... me ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Marvin E. Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont, 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.