

FILED AUG 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29142

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 6076	Registrar's No. 29721
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>St Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>SO. KINLOCK</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SO. KINLOCK</u> 40.91		
c. LENGTH OF STAY (in this place) <u>4 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>SCOTT + MONROE STS.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SCOTT + MONROE STS.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARITY</u>		b. (Middle) <u>PERRYMAN</u>		c. (Last) <u>PERRYMAN</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>8 21 51</u>				
5. SEX <u>3</u> <u>FEMALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>2-1-82</u>	9. AGE (In years last birthday) <u>69</u> if UNDER 1 YEAR Months <u>6</u> Days <u>21</u> if UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIL HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>CHRISTLE SPRINGS, MISS.</u>
12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME <u>DAVE MOORE</u>		13b. MOTHER'S MAIDEN NAME <u>LIZA M. DANIELS</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Perryman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Russie Holmes, SCOTT + MONROE SO. KINLOCK MO</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Indefiniteness of age</u> DUE TO (b)  DUE TO (c).  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>444X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Seriously</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>8-21-1951</u> , to <u>8-21-1951</u> , that I last saw the deceased alive on <u>12:00 P.M. 8-21-1951</u> , and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>634 Cassabond St. Kellie, Mo.</u>		23c. DATE SIGNED <u>8-22-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-23-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>INDIANOLA MISS.</u>
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>A.F. WALTON 2707 STODDARD.</u>		
DATE REC'D BY LOCAL REG. <u>8-23-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		

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

**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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4740<sup>a</sup> Campbell

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.