No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13750

Registration District No. 663 Primary Registration District No. 5881 Registrar's No.

1. PLACE OF DEATH:
(a) County Perry. Co.
(b) City or town (Rural) St. Marys Tn. (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Perry
(c) City or town County R7 (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

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3. (a) PRINT FULL NAME George Washington Hand
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lucinda Adams
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 1 1847 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	93	5	10	hr. min.

9. Birthplace (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name Jim Hand
13. Birthplace (City, town, or county) *** Tennessee (State or foreign country)
MOTHER 14. Maiden name Polly ~~###~~ Young
15. Birthplace (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant George Hand
(b) Address Perryville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12-41 (Month) (Day) (Year)
(c) Place: burial or cremation Ceder Fork, Mo.
18. (a) Signature of funeral director Young + Sons
(b) Address Perryville, Mo.
19. (a) 1-13-1941 (Date received local registrar) (b) William Geile (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 11 1941 year hour 2 minute 30 a M.
21. I hereby certify that I attended the deceased from July 1905, 19 , to Jan 11, 1941; that I last saw him alive on Jan 11, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death (Infirmities) "apnea"	
Due to Bronchial Influenza	3 days
Due to Exhaustion Infirmities old age	3 days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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

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23. Signature Geo. A. Bloyd (M. D.) (other) 0
Address Perryville, Mo. Date signed 1-11-1941

(Licensed Embalmer's Statement on Reverse Side)

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 Wallace Yancey

Licensed Embalmer No. 4027

P. O. Address Pearlington Miss.

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.