

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32043
761

Registration District No. 516 Primary Registration District No. 2001 State File No. _____ Registrar's No. _____

1. PLACE OF DEATH: **GREENE**
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 215 N Clay
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Dewitt Charles Perkins
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 9 1940
(Month) (Day) (Year)

8. AGE: Years 0 Months 6 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant
11. Industry or business Infant

12. Name Arch Crawford
13. Birthplace Unknown Ark
(City, town, or county) (State or foreign country)
14. Maiden name Cora Agnes Perkins
15. Birthplace Unknown Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Cora A. Perkins
(b) Address 215 N Clay

17. (a) Burial (b) Date thereof Sept 21, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cem

18. (a) Signature of funeral director J. W. Fleming
(b) Address Springfield Mo

19. (a) Sept 21, 1940 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 20
year 1940 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from 9/18
40 to 9/20 1940
that I last saw him alive on 9/20/40, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastro-enteritis
Due to Inanition
Due to 11 AP
Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____

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? FACTORY
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature J. C. Hilder (M. D. or other) _____
Address Springfield Date signed 9/20/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

Ogle Stone Jr. Registered Apprentice No. *232*
working under my personal supervision.

Signed *Warren D. Noblett*

Licensed Embalmer No. *4005*

P. O. Address *Springfield*

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.