

S. No. 2
-11-10-39
5-17-39
#1 K2129

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7873**

MAR 20 1941

Registration District No. **625**

Primary Registration District No. **5922**

Registrar's No. _____

1. PLACE OF DEATH

(a) County **Platte**
(b) City or town **Platte City (Rural) Platte**
(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 **77 yrs** years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Jennie Johnson Perkins**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **None**

4. **Female** 5. Color of face **White** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **Dec 4 - 1863**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	1	27	hr. _____ min.

9. Birthplace **Parkville MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business **None**

12. Name **Robert Brewer**

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

14. Maiden name **Mary Francis Rattins**

15. Birthplace **1 Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Stoddard**
(b) Address **Parkville Mo.**

17. (a) **Burial** (b) Date thereof **Feb 3 - 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hampton - Parkville Mo**

18. (a) Signature of funeral director **Leland H. Franzen**
(b) Address **Parkville Mo.**

19. (a) **2-4-41** (b) **S. P. Ford**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Platte**
(c) City or town **Platte City Mo (Rural)**
(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. **3:30 PM** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **2**
year **1941** hour **3** minute **30 P M.**

21. I hereby certify that I attended the deceased from **Jan 4**
1941, to **Feb 2, 1941**;
that I last saw her alive on **Feb 1, 1941**;
and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis** Duration _____

Due to _____

Due to _____

Other conditions **Ptyphoid**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **Yes**

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? **6210**
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **S. P. Ford** (M. D. or other) **0**
Address **Parkville Mo** Date signed **2-4-41**

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

300

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 Leland W. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville

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, above space should be left blank.