

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 10 1941

Registration District No. **218**

Primary Registration District No. **3015**

Registrar's No. **37**

1. PLACE OF DEATH:  
 (a) County Cooper  
 (b) City or town Boonville, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Rawenshaw Clinic  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 0 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME JOHN HIRAM PERKINS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nora Perkins 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Mar 10 - 1871  
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Montgomery, Mo MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Marion Perkins  
 13. Birthplace not known 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name Virginia Sampson  
 15. Birthplace not known 4  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nora Perkins  
 (b) Address Boonville, Mo. R.R. 2

17. (a) buried (b) Date thereof 3/15/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles, Mo.

18. (a) Signature of funeral director O. S. Newman  
 (b) Address New Franklin, Mo

19. (a) 3-15-41 (b) O. S. Newman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Lewis 45  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Fayette, no. R.F.D. 2  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13  
 year 1941 hour 5 minute \_\_\_\_\_ PM.

21. I hereby certify that I attended the deceased from Feb. 26, 1941, to Mar 13, 1941, that I last saw him alive on Mar 13, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Thrombia  
 Duration Feb 1  
1941

Due to \_\_\_\_\_

Due to Prostatic hypertrophy & obstruction

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 1770  
 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? 10-1  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Hubert H. Wells (M. D. or other) \_\_\_\_\_  
 Address Boonville, Mo Date signed March 13 1941

RECEIVED  
District Health Officer No. 8,  
District File Number  
ate Filed ~~8-8-41~~

**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.....

Licensed Embalmer No. 3515

P. O. Address New Franklin

**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.**