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FILED AUG 15 1941

Registration District No. **318** Primary Registration District No. **2001** Registrar's No. **561**

1. PLACE OF DEATH:

(a) County **GREENE**

(b) City or town **SPRINGFIELD**

(c) Name of hospital or institution:
2312 E. GARFIELD

(d) Length of stay: In hospital or institution **1** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene**

(c) City or town **Springfield**

(d) Street No. **2312 E. Garfield**

(e) Citizen of foreign country? **0** (Yes or No)

3. (a) PRINT FULL NAME **DILLARD FRANKLIN PERKINS**

MEDICAL CERTIFICATION

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **491-03-9836**

20. DATE OF DEATH: Month **July** day **9th** year **1941** hour **3** minute **35 P.M.**

4. Sex **male**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Alene Perkins**

6. (c) Age of husband or wife if alive **28** years

7. Birth date of deceased **Oct 18 1909**

21. I hereby certify that I attended the deceased from **July 9** 19**41** to **July 9** 19**41**

that I last saw him **in dead** on **July 9** and that death occurred on the date and hour stated above

8. AGE:	Years	Months	Days	If less than one day
	31	8	21	hr. min.

Immediate cause of death **Probably plane received in flight**

9. Birthplace **Unknown Missouri**

Due to **168**

Due to

10. Usual occupation **lumber**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business **Furnace Worker**

Major findings: **Ch. Operations**

12. Name **Claude F. Perkins**

Of autopsy **showed intoxicated condition**

13. Birthplace **Logan Co. Mo.**

14. Maiden name **Alene Perkins**

15. Birthplace **Springfield Mo.**

16. (a) Informant **Claude F. Perkins**

(b) Address **Springfield Mo.**

17. (a) **Burial** (b) Date thereof **July 13-1941**

(c) Place: burial or cremation **Bellvue Cem.**

18. (a) Signature of funeral director **W. E. Handley**

(b) Address **Springfield Mo.**

19. (a) **7-13-41** (b) **W. E. Handley**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **homicide**

(b) Date of occurrence **July 9, 1941**

(c) Where did injury occur? **Springfield, Greene Co., Mo.**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **on street - Public Place**

While at work **no** (Specify type of place)

(e) Means of injury **Flight 3**

Signature **Chas. B. Kenyon acting Coroner**

Address **1622 E. R. Kottman** Date signed **7-13-41**

984 (Licensed Embalmers' Statement on Reverse Side) **Springfield, Missouri**

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Ogle Sloan Jr.*
Licensed Embalmer No. *4196*
P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

X