

Registration District No. 1

Primary Registration District No. 200

Registrar's No. 292

1. PLACE OF DEATH:  
 (a) County Adair  
 (b) City or town Rural Clay Township  
 (c) Name of hospital or institution Brashear Mo. Rural  
 (d) Length of stay: In hospital or institution 54 yr. /  
 In this community 54 yr. /

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Adair 001  
 (c) City or town Adair Co. Rural 0  
 (d) Street No. Brashear Mo. R.F. D.  
 (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME James Louis Perkins  
 (b) If veteran, name war none  
 (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 10 day 14 1941  
 year hour 7 minute 30 P.M.

4. Sex male 0  
 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Ida Francis Perkins  
 7. Birth date of deceased May 13 1887

21. I hereby certify that I attended the deceased from 1939  
 that I last saw him alive on 10-10-1941  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Heart block

8. AGE:	Years	Months	Days	If less than one day
	54	5	1	hr. min.

Due to  
 Due to  
 Other conditions gastric ulcer  
 (Include pregnancy within 3 months of death)

9. Birthplace Adair County Missouri  
 10. Usual occupation Farmer

Major findings:  
 Of operations 950  
 Of autopsy  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

11. Industry or business  
 12. Name James Perkins  
 13. Birthplace unknown  
 14. Maiden name Elizabeth Hills  
 15. Birthplace Illinois

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?  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Gladis Perkins  
 (b) Address Brashear Mo. Rural  
 17. (a) Burial (b) Date thereof 10-17-41  
 (c) Place: burial or cremation Highland Park Cent.

While at work?  
 23. Signature R.P. Ellis  
 Address Kirksville Mo Date signed 10-21

18. (a) Signature of funeral director Mrs. Laura Riley  
 (b) Address Kirksville Mo.  
 19. (a) Oct. 21, 1941 (b) Spence L. Freeman  
 (Date received local registrar) (Registrar's signature)

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

OCT 23 1941

OCT 30 1941

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**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..... *Mrs. Laura Riley*.....

Licensed Embalmer No. 3907.....

P. O. Address..... Kirksville Mo.

**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.**