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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **2587**

FILED FEB 18 1942

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. \_\_\_\_\_

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22  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 hour  
In this community 27 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2702 Quincy  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charley (Cy) Perkins

3. (b) If veteran, name war \*\*\* 3. (c) Social Security No. 491-01-799

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

6. (b) Name of husband or wife Evelyn Perkins 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased April 30, 1913  
(Month) (Day) (Year)

8. AGE: Years 28 Months 8 Days 10 If less than one day hr. min.

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

10. Usual occupation Cab driver

11. Industry or business " "

12. Name Walter Perkins

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

14. Maiden name Anna Hall

15. Birthplace Douglas County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Evelyn Perkins

(b) Address 2702 Quincy Joplin Mo

17. (a) Rural (b) Date thereof 1/12/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FORREST P K. Hurlbut UND. Co.

18. (a) Signature of funeral director Joplin Missouri

(b) Address Joplin Missouri

19. (a) 1-10-42 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9  
year 1942 hour 1 minute 15 a.m.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
that I last saw him live on Did not see him alive  
and that death occurred on the date and hour stated above.

Immediate cause of death fracture of base of skull, fracture of left femur, fracture of ribs of right chest.  
Due to shock

Due to Automobile accident  
Other conditions When the car he was driving skidded into  
(Include pregnancy within 3 months of death)

Major findings: Of operation telephone poles  
Of autopsy 1700-27

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Jan 8, 1942  
(c) Where did injury occur? Joplin, Jasper Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public highway

While at work? yes (Specify type of place) (e) Means of injury Auto

23. Signature R. H. Webster (M. D. or other)  
Address Eastgate Mo Date signed Jan 9, 42

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

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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 Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address gopher ms

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.