

FILED MAR 9 1942
Registration District No. 236

Primary Registration District No. 5321

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Rural - Rock Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Rural - Rock Prairie
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Catherine Perkins

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

4. Sex F. / 5. Color or race M. 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased June 28 1845
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
96 7 11 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Pierson

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

14. Maiden name Crane

15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jess Moore

(b) Address Ash Grove Mo

17. (a) Burial (b) Date thereof Feb 23 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sinking Creek Cemetery

18. (a) Signature of funeral director Gene Brim

(b) Address Walnut Grove Mo

19. (a) Feb 23 1942 (b) Phyllis Lack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1942 hour 12 minute A.M.

21. I hereby certify that I attended the deceased from Feb 17 1942 to Feb 19 1942
that I last saw her alive on Feb 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Atypical Pneumonia in R. & L. Lung

Due to _____

Due to _____

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations 108

Of autopsy _____

Duration

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? _____

While at work _____ (Specify type of place) (or) Means of injury _____

23. Signature H. R. Riley (M. D. or other) _____

Address Everton Date signed 2/21/42

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

9
3

MOTHER FATHER

12x2

RECEIVED

District Health Officer No. 6,

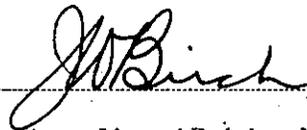
District File Number 342-280

Date Filed MAR 7 1942

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. 3856

P. O. Address Ash Grove Mo.

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.