

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
72
4
0

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town New Madrid

(c) Name of hospital or institution: No 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No.

In this community About 5 years

(Specify whether years, months or days)

3. (a) PRINT FULL NAME HENRY LEWIS PERKINS.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug 6 - 1958

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>7</u>	<u>19</u>	hr. min.

9. Birthplace UNK. TENN

(City, town, or county) (State or foreign country)

10. Usual occupation DAY WORK.

11. Industry or business No.

MOTHER FATHER

12. Name UNK.

13. Birthplace UNK. 9

(City, town, or county) (State or foreign country)

14. Maiden name UNK.

15. Birthplace UNK. 9

(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Linton

(b) Address Buray, Jones

17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof March 26 - 1942

(Month) (Day) (Year)

(c) Place: burial or cremation Purcell (Rites Ark)

18. (a) Signature of funeral director Richards and Co

(b) Address New Madrid Mo.

19. (a) March 26 1942

(Date received local registrar)

(b) Alice Spittler

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town New Madrid

(If outside city or town limits, write "RURAL")

(d) Street No. 4

(If rural, give location)

(e) Citizen of foreign country? 0

(Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25

year 1942 hour 9:00 minute 8 P. M.

21. I hereby certify that I attended the deceased from Jan 1940 to Mar 1942

and that I last saw him alive on Mar 20

and that death occurred on the date and hour stated above.

Immediate cause of death Cancer ascending colon

Duration 5 y 10 m

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H&E

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?

While at work? (Specify type of place)

(e) Means of injury 0

23. Signature A. Spittler (M. D. or other)

Address New Madrid Mo. Date signed 3-26-42

1021

RECEIVED

District Health Office No. 2,

District File Number 442-431

Date Filed 4-10-42

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..... *No*.....

Licensed Embalmer No.....

P. O. Address.....

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.