

AUG 1 1942

Registration District No. 385

Primary Registration District No. 5-5-36

Registrar's No. 18

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

4600

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Burnham (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LYDA MYRTLE PERKINS

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21, year 1942, hour 4 minute A.M.

21. I hereby certify that I attended the deceased from 21 of March 1942 to Mar 21 1942

that I last saw her alive on Mar 21 1942 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Divorced

6. (b) Name of husband or wife Geo. W. Perkins 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased February 6, 1887 (Month) (Day) (Year)

Immediate cause of death Acute Indigestion Duration

Due to

Due to 118.3

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

55 1 15 hr. min.

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Louis Pershing

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

14. Maiden name Elizabeth

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

16. (a) Informant Mrs. Carl Jones

(b) Address Burnham, Missouri

17. (a) Burial (b) Date thereof 3-24-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Epps Cemetery

18. (a) Signature of funeral director Burns Funeral Home

(b) Address Willow Springs, Mo

19. (a) 3-24-42 (b) Nanette Ferguson (Date received local registrar) (Registrar's signature)

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

23. Signature E. J. Gheroweth (M. D. or other)

Address Willow Springs Date signed 3-23-42

RECEIVED

District Health Officer No. 5,

District File Number 742430

Date Filed 7-27-42

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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 J.C. Burns

Licensed Embalmer No. #3379

P. O. Address Willow Springs, 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.