

No. 2
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5-17-39
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25102

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 17 1942
Registration District No. 35

Primary Registration District No. 3134

Registrar's No. 138

88
36
3

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution: 409 Johnson
(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 Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 409 Johnson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Jesse C Perkins

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mahallie 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 31 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 5 19 hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Clasant J Perkins

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

14. Maiden name Mary R Tuggle

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

16. (a) Informant Mrs. Mahallie Perkins

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof July 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahallie and son

(b) Address Moberly Mo

19. (a) July 21-42 (b) Irma Hove
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th
year 1942 hour _____ minute 7 P. M.

21. I hereby certify that I attended the deceased from June 19 1942 to July 19 1942
that I last saw him alive on July 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 938

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 _____

23. Signature Smith (M. D. or other) _____
Address Moberly Mo Date signed 7/21/42

1056 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 8-42-1624

Date Filed AUG 14 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

Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address

Mobile, Ala

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.