V. S. No. 2
0M—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1942

Registration District No. 5-82

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-5-36-232

State File No. 27304

Registrar's No. 30

1. PLACE OF DEATH:
(a) County: Howell
(b) City or town: Willow Springs. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri. (b) County: Howell.
(c) City or town: Willow Springs. Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

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3. (a) PRINT FULL NAME: Eli Alvin Perkins.

3. (b) If veteran, name war:

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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: Oct. (Month) 4th. (Day) 1870 (Year)

8. AGE: Years 72 Months 7 Days 8 If less than one day hr. min.

9. Birthplace: Colorado. (City, town, or county) / (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

MOTHER FATHER
12. Name: John Perkins.
13. Birthplace: Dont Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Mary Wood.
15. Birthplace: Dont Know. (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Eli Ervin Perkins, Jr
(b) Address: Rt #2. Willow Springs. Mo.

17. (a) May 15 (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Pine Grove Cemetary

18. (a) Signature of funeral director:
(b) Address: Willow Springs. Mo.

19. (a) 9-15-42 (Date received local registrar) (b) Marulte Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th. year hour 6 minute P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis.

Due to: Myocardial Degeneration

Due to:

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

Major findings:
Of operations:
Of autopsy: None

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

23. Signature: J.F.Duncan. Coronor (M. D. or other)
Address: T R Burns - Deputy. Date signed 5/5/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 942797
Date Filed 9-11-42

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. Thomas R. Burns, Sr.

Licensed Embalmer No. 1836

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.