

MAR 12 1943

Registration District No. 91

Primary Registration District No. 5989

Registrar's No. 21

1. PLACE OF DEATH:

(a) County PUTNAM

(b) City or town RURAL - GRANT

(c) Name of hospital or institution: COATSVILLE MO. RFD

(d) Length of stay: In hospital or institution LIFE

In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PUTNAM

(c) City or town RURAL

(d) Street No. COATSVILLE MO. RFD

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

If yes, name country

3. (a) PRINT, FULL NAME JESSIE RAY PERKINS

3. (b) If veteran, name war. (c) Social Security No. 486-123310

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

6. (b) Name of husband or wife JOSEPHINE

7. Birth date of deceased JAN 14 1896

8. AGE: Years 47 Months 0 Days 26

If less than one day hr. min.

9. Birthplace PUTNAM CO MO

10. Usual occupation FARMER

11. Industry or business

12. Name WILLIAM S. L. PERKINS

13. Birthplace MO

14. Maiden name DORA DYNISON

15. Birthplace MO

16. (a) Informant Josephine Perkins

(b) Address Coatsville, Mo

17. (a) Burial (b) Date thereof

(c) Place: burial or cremation Mendota MO

18. (a) Signature of funeral director

(b) Address

19. (a) Date received local registration (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB, day 10, year 1943, hour 10, minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 10, 1943, to Feb 10, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 P. W. Hart (M.D. or other) Address Coatsville Mo Date signed 2-10-43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

#P

1043

RECEIVED

District Health Officer No. 10

District File Number 3-43-525

Date Filed MAR 11 1943

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

Muel E. Husted

Licensed Embalmer No. 3307

P. O. Address Unionville, Me.

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.