DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13770

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 397

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 218 So. 3rd St., 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years
In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 218 So. 3rd St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lucy Perkins
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race Col.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Seven
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased January (Month) 5, (Day) 1882 (Year)

8. AGE: Years 60 Months 2 Days 28 If less than one day hr. min.

9. Birthplace Wichita Falls, Texas (City, town, or county) 1 (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business Home
FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) 9 (State or foreign country)
16. (a) Informant Robert Woods (Son)
(b) Address 218 So. 3rd St., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/43 (Month) (Day) (Year)
(c) Place: burial or cremation Mshland Cemetery
18. (a) Signature of funeral director LINCOLN MORTUARY,
(b) Address 6054 [illegible] St. Joseph, Mo.
19. (a) 4-6-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1943 hour 11.30 minute A. M.
21. I hereby certify that I attended the deceased from 1 April, 1943 to 3 April, 1943; that I last saw her alive on 3 April 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage, Apoplexy	1 Day
Due to Lobar Pneumonia	5 Day
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings: None
Of operations
Of autopsy None

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) None
(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 [illegible] (M. D. or other)
Address St. Joseph, Mo Date signed 5 April

1233 (Licensed Embalmer's Statement on Reverse Side)

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

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.