

Registration District No. 15 Primary Registration District No. 5071 Registrar's No.

1. PLACE OF DEATH:
(a) County ~~Franklin~~ Barton
(b) City or town ~~Franklin~~ Nashville
(c) Name of hospital or institution:
Nashville Dump
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community lifelong (Specify whether)
years, months or days

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

3. (a) PRINT FULL NAME Effie May Perkins
3. (b) If veteran. _____ name war. _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 16
year 1943 hour _____ minute 0 M.

4. Sex Female 5. Color of race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elmer Perkins
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased March 31 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from James 1933 to July 16 1943
that I last saw her alive on July 16 1943
and that death occurred on the date and hour stated above:

8. AGE: Years Months Days If less than one day
66 3 17 hr. _____ min.

Immediate cause of death Cerebral Hemorrhage
Heart attack
Due to as above

9. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (Including pregnancy within 3 months of death) no

10. Usual occupation Housewife
11. Industry or business _____
12. Name William Scott
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Charlene Perkins
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

Major findings: Of operations none
Of autopsy no

16. (a) Informant Elmer C. Perkins
(b) Address Nashville Mo
17. (a) Burial (b) Date thereof July 22 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nashville Camp
18. (a) Signature of funeral director W. H. City
(b) Address W. H. City
19. (a) _____ (b) _____
(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) no
(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 A. L. Cowden (M. D. or other) no
Address Commerce Bldg Date signed 8-17

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

MOTHER FATHER

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 Myske

....., Registered Apprentice No.

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City

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.

Registration District No. 15 Primary Registration District No. 5071

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Nashville
(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)
 In this community lifetime
years, months or days

3. (a) PRINT FULL NAME Effie May Ashwin
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 31
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 17 If less than one day min. _____

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

11. Industry or business Sturgeon's

12. Name Sum Scott

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

14. Maiden name Charlene Morrison

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

16. (a) Informant Elmer C. Ashwin
 (b) Address Nashville, Mo.

17. (a) Burial (b) Date thereof July 2, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Nashville Cem.

18. (a) Signature of funeral director W. L. City
 (b) Address W. L. City, Mo.

19. (a) 7-28-43 (b) Martha River
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barton
 (c) City or town Nashville
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 2 Year 1943 Minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Heart attack

Due to as above

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 A. J. Lowde (M. D. or other) M.D.
 Address Commerce Bldg. Date signed _____
Jefferson, Mo.

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

MOTHER FATHER

MISSOURI

SUPPLEMENTAL

