

No. 2  
1-2-43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 3 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 5269

1. PLACE OF DEATH:

(a) County. Jackson

(b) City or town. Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
General Hospital No. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-2-43-12-3-43  
(Specify whether years, months or days)

In this community Non-resident

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 2816 Tremont  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME TIMOTHY PERKINS

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 4 1 1903  
(Month) (Day) (Year)

8. AGE: Years 40 Months 8 Days 32 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Miss. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

12. Name William Perkins

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

14. Maiden name Mathe Jenkins

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 12-13-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Westlawn N.C.

18. (a) Signature of funeral director Wm. J. W. Jones

(b) Address 4460 State Dr. N.C.

19. (a) 12-13-43 (Date received local registrar)

J. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3  
year 1943 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from December 2 1943 to December 3 1943  
that I last saw him alive on December 3 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Delirium Tremors with marked Dehydration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. E. Brown (M. D. or other)

Address Gen. No. 46, #2 600 E 22nd Date signed 12/4/43

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

MOTHER FATHER

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**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.....

*Eugene English*

Licensed Embalmer No.....

P. O. Address.....

*4105*  
*440 State Ave N.C.*

**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.**