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5-17-39  
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48980

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 17 1943

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 324

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Levering Hosp. O  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 3  
(If outside city or town limits, write "RURAL") 7

(d) Street No. 707 Fulton  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME James Hall Perkins

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 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 October 12, 1943  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Hannibal Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name Charles E. Perkins

13. Birthplace Hannibal Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Rosemary Barbee

15. Birthplace Hannibal Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant C. Charles E. Perkins

(b) Address 707 Fulton

17. (a) Burial (b) Date thereof 10/25/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director W. M. Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 10-27-43 (b) RW Connor  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24  
year 1943 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased on Oct 17 1943 to Oct 24 1943  
that I last saw her alive on Oct 24 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: at birth the skin of the entire body sloughed off like that of a fetus of like fetus  
Duration \_\_\_\_\_

Due to fetus

Other conditions: recumbent about 4 weeks  
(Include pregnancy within 3 months of death)

Major findings: 159

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 W. M. Smith (M. D. or other) W. M. Smith

Address Hannibal Mo Date signed 10-25-43

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

Summary

34  
3  
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1116

(Licensed Embalmer's Statement on Reverse Side)

**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.....

This body was not embalmed....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Wm M. Smith*.....

Licensed Embalmer No..... 1204.....

P. O. Address..... Hannibal Missouri.....

**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.**