S. No. 2
DM—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

Registration District No. 183

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5691

State File No. 3441

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Rural - Jefferson Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Brookfield - Route #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 5 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

(c) City or town Linneus (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 0

3. (a) PRINT FULL NAME JAMES - MINOR - PERKINS

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Mollie F. Perkins

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased August (Month) 20 (Day) 1857 (Year)

8. AGE: Years 86 Months 5 Days 8 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Charles Perkins
13. Birthplace Henry County - Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eusebia Stronge
15. Birthplace Huvanna County - Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Walter Stockwell

(b) Address Brookfield - Route 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 30 '44 (Month) (Day) (Year)

(c) Place: burial or cremation Rothville - Mo

18. (a) Signature of funeral director Hill Chapel

(b) Address Brookfield

19. (a) Jan. 31 - 1944 (Date received local registrar) (b) Mrs. Viva Rowland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28 year 1944 hour 2 minute 20A M.

21. I hereby certify that I attended the deceased from Jan 27, 1944, to Jan 28, 1944; that I last saw him alive on Jan 27, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	1-27-44
Due to arteriosclerosis	
Due to Essential hypertension	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Mrs F. LaMance (M. D. or other) D.O.

Address Brookfield, Mo. Date signed 1-29-44

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed J. W. Blacklock

Licensed Embalmer No. 2346

P. O. Address Brookfield 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.