

BUREAU OF THE CENSUS  
FILED MAR 16 1944

Registration District No. 373

Primary Registration District No. 4545

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Webster  
(b) City or town Marshfield  
(c) Name of hospital or institution:  
x  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X  
In this community 32 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Alice Elizabeth Perkins

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed Divorced widowed  
6. (b) Name of husband or wife John Perkins 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased September-19-1867  
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 27 If less than one day x hr. x min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name James Williams

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

14. Maiden name Martha Ferrier

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

16. (a) Informant Hugh Perkins

(b) Address Conway, Missouri

17. (a) Burial (b) Date thereof 2-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshfield

18. (a) Signature of funeral director [Signature]

(b) Address Marshfield, Missouri

19. (a) Feb. 22-44 (b) Charlotte Bruce  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16  
year 1944 hour 11 minute 30 p.M.

21. I hereby certify that I attended the deceased from Feb. 16  
1944 to Feb. 16, 1944  
that I last saw her alive on Feb. 16, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 3 days

Due to 131P  
Due to

Other conditions Chronic Nephritis Social years  
(Include pregnancy within 3 months of death) Infected Decubitus Ulcers

Major findings: - Of operations - Of autopsy -  
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? \_\_\_\_\_ (b) Means of injury 0  
23. Signature C.P. Macdonnell (M. D. or other) M.D.  
Address Marshfield, Mo. Date signed 2/18/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 344-310

Date Filed MAR 14 1944

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 \_\_\_\_\_

Licensed Embalmer No. 3312

P. O. Address Marshfield, Mo.

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.