

**FILED JUN 3 1946**

Registration District No. **42**

Primary Registration District No. **5130**

Registrar's No. **467A**

**1. PLACE OF DEATH:**

(a) County Buchanan  
 (b) City or town Rushville - Rush Rural Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Sugar Lake  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan  
 (c) City or town Rushville, Rural  
(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 CLYSTA IDA PERKINS

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Maynard Perkins 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased Sept. 26, 1903  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
35 6 24 hr. min.

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

10. Usual occupation at home

11. Industry or business.....

12. Name Clarence Ernest Shearer

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

14. Maiden name Myrtle Smith

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

16. (a) Informant Clarence Ernest Shearer

(b) Address Rushville, Missouri

17. (a) Burial (b) Date thereof 4-23-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek

18. (a) Signature of funeral director Wm. Stanton

(b) Address Atchison, Kansas

19. (a) May 31, 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 19  
 year 1944 hour after 11: P.M. minute M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
 that I last saw h..... alive on....., 19.....;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Drowning Duration.....

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....

*164b*

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) Suicide

(b) Date of occurrence April 19, 1944

(c) Where did injury occur? Sugar Lake  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place

While at work? no (Specify type of place) (e) Means of injury.....

23. Signature H. F. Mundy (M. D. or other).....

Address 404 So 3d St Date signed 5/29/46

WRITE PLAINLY—USE UNFADING BLACK INK

*BB*

JUN 4 1946

**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.....

P. O. Address.....

**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.**