

No. 2
8-13
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34136
Registrar's No. 4

FILED NOV 7 1945
Registration District No. _____

Primary Registration District No. 5667

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

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Rural (Rural)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln 57
(c) City or town 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 ALICE PERKINS

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

4. Sex F. 3 5. Color or race Col. 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Eugene Perkins 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 4 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Coyella Robinson
13. Birthplace Lincoln Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Robinson
15. Birthplace Lincoln Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Holman
(b) Address Troy, Mo

17. (a) Burial (b) Date thereof Oct 22/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy City Cemetery

18. (a) Signature of funeral director Kemper Funeral Home

(b) Address Troy, Mo

19. (a) 10-26-45 (b) Mr. Emma B. Riddle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1945 hour 7 minute _____ A.M.
21. I hereby certify that I attended the deceased from June
1945 to Oct 20 1945
that I last saw her alive on Oct 20 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Duration _____

Due to Auricular Fibrillation

Due to arteriosclerosis

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

Major findings:
Of operations _____
Of autopsy 97
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 kind of place) (b) Means of injury _____

23. Signature J. B. Carr (M. D. or other) _____
Address Troy, Mo Date signed Oct 26/45

1466

(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.....

E. A. Anthony

Licensed Embalmer No.....

827

P. O. Address.....

Fallon 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.