S. No. 2
0M—2-43
v. 5-17-39
1 X85697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37615

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County: Jasper

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

(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 (Specify whether years, months or days)

In this community: All his life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

(c) City or town: Joplin
(If outside city or town limits, write "RURAL")

(d) Street No.: 2430 Kentucky
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Lindley M Perkins

3. (b) If veteran, name war: World War 1

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: Theresa Perkins

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

7. Birth date of deceased: June (Month) 17 (Day) 1883 (Year)

8. AGE: Years 62 Months 4 Days 17 If less than one day hr. min.

9. Birthplace: Baxter Springs (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Worked In Research Lab.

11. Industry or business: Eagle-Picher Lead Co

FATHER
12. Name: Ira C Perkins
13. Birthplace: New Jersey (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ella Burggess
15. Birthplace: Michigan (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Theresa Perkins
(b) Address: 2430 Kentucky, Joplin, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10-30-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Baxter Spgs Cemetery

18. (a) Signature of funeral director: PARKER-HUNSAKER

(b) Address: 1502 Joplin, Joplin, Mo

19. (a) 10-30-45 (Date received local registrar) (b) Ed O Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day ~~28~~ 27 year 1945 hour 12 minute 30 pm.

21. I hereby certify that I attended the deceased from Died Not Attend, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage —

Due to: Crushed Head — Right side of face & Head Left from Shoulders —

Due to:

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

Major findings:
Of operations: 1/2 Commend
Of autopsy:

Duration

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): Accident

(b) Date of occurrence: 10/27/45

(c) Where did injury occur? Joplin Jasper Mo (City or town) (County) (State)

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

While at work? Yes (e) Means of Injury: Hit Car

23. Signature: H W Gerfalk (M. D. or other) DO

Address: 211 Joplin Date signed 10/29/45

1404 (Licensed Embalmer's Statement on Reverse Side)

45-10-817

NOV 26 1945

AUG 20 1953

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.

NOV 26 1945

Signed F. M. Jones

Licensed Embalmer No. L 319

P. O. Address Joplin 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.