

FILED JAN 21 1947

Registration District No. 2

Primary Registration District No. 3052

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
622 East 10th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY JANE 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 Widow 2
6. (b) Name of husband or wife Hiram J. Perkins
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 25 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 7 8 hr. _____ min.

9. Birthplace Smith County, Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation At home

MOTHER FATHER
11. Industry or business _____
12. Name Riley Bryant
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Mantz
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Bessie Perkins
(b) Address 622 East Tenth, Sedalia, Mo.

17. (a) Burial (b) Date thereof 1-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park
(c) Signature of funeral director Geo. Dillard
(b) Address Sedalia, Mo.

19. (a) 1/4/47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature) Deputy

251

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 622 East 10th
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1947 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from 10-27-1947 to 1-3-1947
that I last saw her alive on 1-3-1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Duration 2 1/2 yr

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy 131B

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 type of place) (e) Means of injury _____

23. Signature Alfred G. ... (M. D. or other) MD
Address 115 1/2 4 Sedalia Mo Date signed 1-4-47

A. Monroe

RECEIVED

District Health Officer No. 8,

20

District File Number.....

Date Filed 1-18-47

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 *L. F. Lasker*

Licensed Embalmer No. 3840

P. O. Address Sedalia, 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.