

7. S. No. 2
50M-5-42
Rev. 5-17-39

24041

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

U. S. DEPARTMENT OF THE CENSUS
FILED AUG 7 1947

Registrar's No. 13

Registration District No. 141

Primary Registration District No. 5551

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

1. PLACE OF DEATH:

(a) County Hawley Twp.
 (b) City or town West Plains
 (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 _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hawley
 (c) City or town West Plains
 (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 William O Perkins
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 7
 year 1947 hour 9 minute 15 P. M.
 21. I hereby certify that I attended the deceased from 15 Apr 1947 to 7 May 1947
 that I last saw him alive on 6 May 1947
 and that death occurred on the date and hour stated above.

4. Sex ma 5. Color or race wh 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife Dolly Perkins 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept (Month) 6 (Day) 1867 (Year)

Immediate cause of death _____
Cerebral Hemorrhage with Hemiplegia (left)
 Due to Hypertension - arterial atherosclerosis
 Due to _____

8. AGE: Years 79 Months 9 Days 2 If less than one day _____ hr. _____ min.

Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

9. Birthplace Ill (City, town, or county) _____ (State or foreign country)
 10. Usual occupation Farmer
 11. Industry or business _____
 12. Name unk
 13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

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 _____

16. (a) Informant Miss W O Perkins
 (b) Address West Plains Mo
 17. (a) 3 (Burial, cremation, or removal) (b) Date thereof 5-9-47 (Month) (Day) (Year)
 (c) Place: burial or cremation Cage Crem
 18. (a) Signature of funeral director Shulman's
 (b) Address West Plains Mo
 19. (a) 7-29-47 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 279

23. Signature W O Perkins (M. D. or other) _____
 Address West Plains Mo Date signed 15/5/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Helen Smith

RECEIVED

District No. 8

No. 8

District No. 847436

847436

Date Filed 8-5-47

8-5-47

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.....

Robert J. Arago....., Registered Apprentice No. *432*,
working under my personal supervision.

Signed *A. A. Peterson*.....

Licensed Embalmer No. *3432*.....

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.