

REC'D JUN 19 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18126
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001 Registered No. 586
 (c) City St. Joseph (d) Street No. Missouri Methodist Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 1 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert F. Perkins, Jr.

(a) Residence, No. (Usual place of abode, if no street address, write county or city) State Taylor, Texas. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fern Perkins,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb'y 3, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
47 4 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Traveling Salesman
 9. Industry or business in which work was done, as saw mill, bank, etc. Bedding Co.
 10. Date deceased last worked at this occupation (month and year) June 1, 1939 11. Total time (years) spent in this occupation 1/6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth, Kansas,

FATHER 13. NAME Robert F. Perkins Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wyandotte, Kansas,

MOTHER 15. MAIDEN NAME Edith Doroty,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Canada

17. INFORMANT (ADDRESS) Mrs Robert F. Perkins Jr. Taylor, Texas.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth, KS DATE June 7th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heaton - P. Hale & Son 319 So. 10th Str. Leavenworth, Mo.

20. FILED 6/8 1939 R. F. Smith Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6.6.39 1939

22. I HEREBY CERTIFY, That I attended deceased from 6.6.39, 1939, to 6.7.39, 1939. I last saw him 44 alive on 6.7.39, 1939. Death is said to have occurred on the date stated above, at 9:45 A.

The principal cause of death and related causes of importance were as follows:

Multiple fractures, ribs & preparation of lungs and fractured ribs, clavicle & vertebrae
 Other contributory causes of importance:
Myocardial infarction 6.6.39

Name of operation none Date of 7/2
 What test confirmed diagnosis clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 6.6.39
 Where did injury occur? Garfield Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury auto accident
 Nature of injury chest & upper extremities

24. Was disease or injury in any way related to occupation of deceased? yes
 If so, specify working in coal mines
 (Signed) J. H. Taylor M. D.
 (Address) St Joseph Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor

216 A
5/10/55

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

June 7, 1955

or by

Registered Apprentice No., working under my personal supervision.

Signed

W E Summerfield

Licensed Embalmer No.

5907

P. O. Address

519 9th 102th St

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, above space should be left blank.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18176
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township St Joseph Primary Registration District No. 1001 Registered No. 586
(c) City St Joseph (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert F Perkins Jr.

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7-1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 4 4

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

multiple fractures and respiration of lungs
traumatic shock
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Other contributory causes of importance: _____

FATHER 13. NAME _____

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 15. MAIDEN NAME _____

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Accident, suicide, or homicide? accident Date of injury _____, 19____

17. INFORMANT (ADDRESS) _____

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in industry, in home, or in public place.

PLACE _____ DATE _____, 19____

Manner of injury auto accident

Nature of injury non-collision

19. FUNERAL DIRECTOR (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED June 8 1939 A. McArthur
Local Registrar.

If so, specify _____ (Signed) J. H. Ryan, M. D.
(Address) St Joseph mo

JUN 14 1934