

Registration District No. 738Primary Registration District No. 4438

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Randolph County
 (b) City or town Huntsville, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____

In this community #5 yr (Specify whether years, months or days) 6253. (a) PRINT FULL NAME CARRY CLIFTON PERKINS

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Sept 14 1861
 (Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Randolph County
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

- MOTHER FATHER { 12. Name Henry Jackson
 13. Birthplace Randolph
 (City, town, or county) (State or foreign country)
 14. Maiden name Annie Walker
 15. Birthplace Randolph
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature My C. H. Perkins(b) Address Huntsville, Mo17. (a) Burial (b) Date thereof Jan 27, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Huntsville, Mo18. (a) Signature of funeral director Tom B. Patton(b) Address Huntsville, Mo19. (a) Feb - 3 - 1940 (b) Mich. S. R. Barnhart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Randolph
 (c) City or town Huntsville
 (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25 day Jan
 year 1940 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from Jan 18,
 _____, 1940, to Jan 25, 1940;
 that I last saw her alive on Jan 25, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis Duration 1 week

Due to arterio-sclerosis D.K.

Due to _____

Other conditions Senile Psychosis 4 mos.
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy none
 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 Philip C. Oringer M.D. (M.D. or other)Address Huntsville Date signed 1/29/40

RECEIVED

District Health Officer No. 10

District File No. ²⁻⁴⁰⁻³²⁷ FEB 6 1940

Date Filed _____

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Md

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.