No. 2
11-10-39
MAY 15 1940
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16374

Registration District No. 875 | Primary Registration District No. 6162 | Registrar's No. 108

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

1. PLACE OF DEATH:
(a) County Vernon 3-
(b) City or town "Rural" Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp #3 Nevada Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yr 5 mo 26 da (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Greene
(c) City or town Ash Grove
(If outside city or town limits, write "RURAL")
(d) Street No. unknown
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME John S Perkins 635
3. (b) If veteran, name war unknown
3. (c) Social Security No. unknown
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs Ethe Perkins
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased June (Month) 10 (Day) 1877 (Year)

8. AGE: Years 72 | Months 10 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace unknown (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Ruben Perkins
13. Birthplace unknown (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Catherine Pierson
15. Birthplace unknown (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Hospital #3
(b) Address Nevada Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 12 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Ash Grove Cemetery
18. (a) Signature of funeral director A. Galbraith
(b) Address Ash Grove Mo % Ot Meidinger
19. (a) Apr 10 1940 (Date received local registrar) (b) Allen E Hayo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 10
year 1940 hour 8 minute 12 a M.
21. I hereby certify that I attended the deceased from 1-25 1939 to 4-10 1940;
that I last saw him alive on 4-9- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Cerebral Arteriosclerosis and General " "
Due to
Other conditions Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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)
(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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address State Hosp #3 Date signed 4/10/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-46-724
Date Filed 5-6-48

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 Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.