DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26022

Registration District No. 1996 88 Primary Registration District No. 5916 Registrar's No. 17

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Frankford Rural
(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 years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pike
(c) City or town: Frankford Rural
(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.

3. (a) PRINT FULL NAME: Stanly ~~Albert~~ Perkins
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb (Month) 7 (Day) 1933 (Year)
8. AGE: Years 7 Months 4 Days 5 If less than one day hr. min.
9. Birthplace: Pike Co. Frankford, (City, town, or county) Missouri (State or foreign country) O
10. Usual occupation: O
11. Industry or business: O
MOTHER FATHER
12. Name: George Albert Perkins
13. Birthplace: Mc Donald Co (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Eva Sarah Cole
15. Birthplace: Christian Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant's own signature: George Perkins
(b) Address: Frankford, Mo RFD
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cemetery
18. (a) Signature of funeral director: Grace Bartlett
(b) Address: Bowling Green Mo
19. (a) Aug 3 (Date received local registrar) (b) Mattie Unsell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day Wednesday (12th) year 1940 hour 4:25 minute M.
21. I hereby certify that I attended the deceased from December, 1939, to June, 1940; that I last saw him alive on June first, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: Frankford, Mo Date signed 7/12/40

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 X19311

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

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

RECEIVED
District Health Officer No. 10
District File Number 8-40-1557
Date Filed AUG 8 1940

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 Grace Bankhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green Ky.

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.