

No. 2  
-10-39  
7-39  
X21492

FILED JAN 25 1941

Registration District No. **735**

Primary Registration District No. **3034**

Registrar's No. **752**

1. PLACE OF DEATH:

(a) County **Randolph**  
(b) City or town **Moberly**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**120 Hinkley St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **none**  
(Specify whether  
In this community **Life** years, months or days) **2 0**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**  
(c) City or town **Moberly**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **120 Hinkley St.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Albert Wayne Perkins**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife If alive \_\_\_\_\_ years

7. Birth date of deceased **November, 10, 1940**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**0 0 29**  
hr. \_\_\_\_\_ min.

9. Birthplace **Moberly, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business \_\_\_\_\_

12. Name **Joseph Albert Perkins**

13. Birthplace **Macon Co., Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mable May Guthrie**

15. Birthplace **Higbee, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph A. Perkins**

(b) Address **120 Hinkley St. Moberly Mo.**

17. (a) **Burial** (b) Date thereof **Dec., 10, 40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hagar Cemetery**

18. (a) Signature of funeral director **James Funeral Home**

(b) Address **Moberly Missouri.**

19. (a) **Dec. 10-40** (b) **Seah Williams**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **9th**  
year **1940** hour **10** minute **10** P.M.

21. I hereby certify that I attended the deceased from **Dec. 9 / 1940** to **Dec. 9 / 1940**; that I last saw him alive on **Dec. 9 - 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia following flu.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **IIIW**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following: **No.**  
(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? **925** (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **R. E. Huber** (M. D.) \_\_\_\_\_  
Address **Moberly Mo** Date signed **12/11/40**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 1-41-157

Date Filed JAN 16 1941

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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.....

Licensed Embalmer No.....

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, above space should be left blank.**