

FILED APR 15 1941

Registration District No. 733

Primary Registration District No. 4438

Registrar's No. _____

1. PLACE OF DEATH:

(a) County: Randolph

(b) City or town: Huntsville

(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)

In this community: Three years
years, months or days

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.? 0 years.

3. (a) PRINT FULL NAME: Laura Alice Perkins

3. (b) If veteran, name war: ✓

3. (c) Social Security No. _____

4. Female 5. Color or race: W.

6. (a) Single, widowed, married, divorced: widow 2

6. (b) Name of husband or wife: Dead

6. (c) Age of husband or wife if alive: ✓ years

7. Birth date of deceased: Dec 18 1926
(Month) (Day) (Year)

8. AGE: Years: 76 Months: 3 Days: 7

If less than one day: _____ hr. _____ min.

9. Birthplace: Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: Home work

12. Name: William Vestal

13. Birthplace: Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name: Pauline

15. Birthplace: Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant: R. M. Hunt

(b) Address: _____

17. (a) _____ (b) Date thereof: 3-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Antioch

18. (a) Signature of funeral director: E. B. Hopper

(b) Address: Blountville Mo.

19. (a) Mar 26 1941 (b) Wm. S. A. Baruchart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 25
year: 1941 hour: 8:30 minute: 0 M.

21. I hereby certify that I attended the deceased from Mar. 24, 1941, to Mar 24, 1941;
that I last saw her alive on Mar 24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Pr. Cerebral Hemorrhage Duration: 1 day

Due to: arterio-sclerosis

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: none

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? _____

While at work? _____ (Specify type of place) (e) Means of injury: _____

23. Signature: W. D. [unclear] (M. D. or other) 0

Address: Huntsville Mo Date signed: 3/26/41

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

RECEIVED

District Health Officer No. 10

District File Number 4-41-671

Date Filed APR 10 1941

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.....

W. T. Embalmer

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 1733

Primary Registration District No. 4438

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Mountsville
(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 _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 P. V. Drepper (M. D. or other) _____

Address Mountsville, Mo signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

3. (a) PRINT FULL NAME Laura Alice Perkins

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

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

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

7. Birth date of deceased Dec 18 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 6-7-1941 (b) Mrs. D. A. Barnhart
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

11778

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, fact should be so stated above.