

Registration District No. 73 Primary Registration District No. 3006 State File No. \_\_\_\_\_  
Registrar's No. 92

1. PLACE OF DEATH  
(a) County Boone  
(b) City or town Columbia  
(c) Name of hospital or institution Ellis Fischel State Cancer Hosp.  
(d) Length of stay: In hospital or institution 34 days  
In this community 34 days

3. (a) PRINT FULL NAME Mr Merrill D. Perkins  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife May B. Perkins 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased August 4<sup>th</sup> 1867

8. AGE: Years 73 Months 8 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name M. D. Perkins

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

14. Maiden name Mrs. A. C. Hayes

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

16. (a) Informant Social Service Board

(b) Address Phone Hospital

17. (a) Burial (b) Date thereof 4-9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cook Station, Mo.

18. (a) Signature of funeral director J. J. Jones & Son

(b) Address Steubenville, Mo.

19. (a) 4/8/41 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Crawford  
(c) City or town Cook Station  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 7<sup>th</sup>  
year 1941 hour 5 minute 30 P.M.  
21. I hereby certify that I attended the deceased from 3-5-41  
to 4-7-41  
that I last saw him alive on 4-7-41  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate Duration 3 yrs.

Due to Surgical Shock 5 hrs.  
Total cystectomy & prostatectomy

Other conditions 518  
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of prostate  
Of autopsy Generalized arteriosclerosis  
Cardiac hypertrophy

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? \_\_\_\_\_  
(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 Eugene M. Bricker (M. D. or other) \_\_\_\_\_  
Address Ellis Fischel Cancer Hosp. Date signed 4-7-41

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

1  
2  
3  
4

MOTHER FATHER

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

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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, fact should be so stated above.**