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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21797

Registration District No. 379 | Primary Registration District No. 4223 | Registrar's No.

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Glasgow
(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
In this community (Specify whether years, months or days) 47 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard 45
(c) City or town Glasgow 2
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CORNELIA PERKINS

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex 1 Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ADRAIN PERKINS | 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 6 (Day) 1854 (Year)

8. AGE: Years 87 | Months 3 | Days 21 | If less than one day hr. min.

9. Birthplace 1 Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Her Home

MOTHER FATHER

12. Name JERRY ASHBY

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

14. Maiden name CHARLOTTE SHAFFER

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

16. (a) Informant Joe Kaneer
(b) Address Glasgow Mo

17. (a) June 29, 1941 (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) Glasgow Mo

(c) Place: burial or cremation Glasgow Mo

18. (a) Signature of funeral director Walker & Lindsley
(b) Address Glasgow Mo

19. (a) 6-30-41 (Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1941 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from 10-2 1933 to 6-27, 1941
that I last saw her alive on 6-25 1941
and that death occurred on the date and hour stated above.

Duration
?

Immediate cause of death Kidney Insufficiency
Valvular Heart
Due to diseased
Senility
Due to 1
Other conditions (Include pregnancy within 3 months of death) 1 3 5

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?
340
While at work (Specify type of place) (e) Means of injury

23. Signature J. C. Lindsley M.D. (M. D. or other) 0
Address Glasgow Mo Date signed 6-30 41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number ----------
Date Filed 7-8-41

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.....
J. Walker Audsley, ~~Registered Apprentice No.~~ Embalmer
working under my personal supervision.

Signed J. Walker Audsley

Licensed Embalmer No. 3336

P. O. Address Glasgow 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, fact should be so stated above.