

No. 2
4-13-40
4-17-39
I X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25494

FILED AUG 25 1941

Registration District No. 491 Primary Registration District No. 5654 Registrar's No.

1. PLACE OF DEATH:
(a) County: LINCOLN
(b) City or town: RURAL (BEDFORD) TWP.
(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: 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lincoln 057
(c) City or town: Rural (Bedford Twp.)
(d) Street No.
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME: ELLEN OVERALL PERKINS
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 21 year 1941 hour 8 minute 10 P.M.
21. I hereby certify that I attended the deceased from Jan 1931 to July 21 1941, that I last saw her alive on and that death occurred on the date and hour stated above.

4. Sex: FE 3
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: LOAD PERKINS
6. (c) Age of husband or wife if alive: About 60 years
7. Birth date of deceased: UNKNOWN - close 25

Immediate cause of death: Myocarditis (chronic)
Due to
Due to
Other conditions: 93d
(Include pregnancy within 3 months of death)

8. AGE: Years about 75 1/2 Months Days If less than one day hr. min.

9. Birthplace: PIKE Co. Missouri
10. Usual occupation: Laundry work
11. Industry or business: Home Laundry
12. Name: Unknown
13. Birthplace: Unknown
14. Maiden name: Unknown
15. Birthplace: Unknown

Major findings: Of operations
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant: Isaac Perkins
(b) Address: Troy Mo.
17. (a) Burial (b) Date thereof: July 23 41
(c) Place: burial or cremation: Troy Missouri
18. (a) Signature of funeral director: Homer E. Moore
(b) Address: Troy Mo.
19. (a) July 2 41 (b) Mrs Pearl Mueh
(c) Registrar's signature: 440

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
Signature: H.S. Harris (M. D. or other)
Address: Troy Mo. Date signed

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

7
6
0

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.....

Joseph J. Marsh

..... Licensed Embalmer No.....

3932

..... P. O. Address.....

Troy Missouri

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.