No. 2
1-4-41
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27829

AUG SEP 10 1941 85

Registration District No. 85

Primary Registration District No. 5127

Registrar's No. 817

11
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town ~~St. Joseph, Missouri~~ Washington Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ayr Lawn Add. Lot 82
(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 Lif[illegible] years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38

(c) City or town King City
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 1
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Johnathan Pearce Perkins

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife No

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased August (Month) 7 (Day) 1903 (Year)

8. AGE: Years 38 | Months 0 | Days 5 | If less than one day hr. min.

9. Birthplace Maysville (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farm Hand

11. Industry or business Farm

FATHER
12. Name John K. Perkins
13. Birthplace Barnard (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Maude Pearce
15. Birthplace Fillmore (City, town, or county) Missouri 0 (State or foreign country)

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16. (a) Informant John K. Perkins (Father)
(b) Address 225 W. Indianna, St. Joseph, Mo.

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 8/15/41 (Month) (Day) (Year)
(c) Place: burial or cremation Barnard Cemetery

18. (a) Signature of funeral director John E. Pickp
(b) Address 6054 Pryor Ave., St. Joseph, Mo.

19. (a) Aug 14, 1941 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th year 1941 hour 3 minute 20 A M.

21. I hereby certify that I ~~attended~~ viewed the deceased from on Aug 12 1941, to , 19 ;
that I last saw [illegible] , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Homicide by firearms. Man shot in left temple with a 22 Caliber rifle bullet. Causind instant death. From injury to the brain.

Duration 1 day.

Due to

Other conditions The man became intoxicated from liquor, and in a drunken condition was molesting the home where he was shot
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

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) Homicide
(b) Date of occurrence Aug 12 - 1941
(c) Where did injury occur? St Joseph (City or town) Buchanan (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On the front porch of another mans home (Specify type of place)
While at work? no (e) Means of injury Shot by a second parthe

23. Signature H F Mundy (M.D. or other) Coroner
Address 404 So 3d st. Date signed 8/14/41

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(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 Myself, Registered Apprentice No. ..... working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address 6054 Pryor Ave., St. Joseph, Missouri

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.