

Registration District No. 5-21

Primary Registration District No. 4304

Registrar's No. _____

1. PLACE OF DEATH:

(a) County LINN
(b) City or town LINNEUS (TOWN)
(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 LINNEUS (b) County LINN
(c) City or town LINNEUS
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 5th
year 1941 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: _____

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? _____

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

23. Signature G. M. Hoeggen (M. D. or other) MD

Address Pondini, Mo. Date signed 10-7

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

588
000

3. (a) PRINT FULL NAME ROBERT CLAY 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 MAXINE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEBRUARY 14 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 7 21 _____ hr. _____ min.

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

10. Usual occupation ABSTRACTOR

11. Industry or business LINN Co. ABSTRACT Co.

12. Name THOMAS PERKINS

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

14. Maiden name MARY RAILEY

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

16. (a) Informant Mrs. Perkins Parker

(b) Address KANSASCITY, Mo.

17. (a) DURIAL (b) Date thereof 10-7-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD CEMETERY

18. (a) Signature of funeral director Thomas H. Hester

(b) Address LINNEUS, MISSOURI

19. (a) 10-8-1941 (b) Maud T. Wick
(Date received local registrar) (Registrar's signature)

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 Warr A. Taylor

Licensed Embalmer No. 3761

P. O. Address Jennings, Mo.

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, above space should be left blank.