

S. No. 2
1-1.4-41
7. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 27 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35516

Registration District No. 556

Primary Registration District No. 4328

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Mercer Co

(b) City or town Princeton Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer Co

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

(d) Street No.....
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Charles H. Perks

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
year 1941 hour 7:45 minute p. M.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Nancy E. Perks

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased: April 6 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 10
1941 to Aug. 30 19 41

that I last saw him alive on Aug. 29 19 41
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 4 Days 24
If less than one day hr. min.

Immediate cause of death Uraemic Coma
renal disease, with special
reference to the degree of
kidney involvement. Chronic Bright's 5 yrs

Due to Also hypertrophy prostate
and severe hemorrhoids

Other conditions contributed to weakness.
(Include pregnancy within 3 months of death)
Myocarditis - 3 yrs

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

10. Usual occupation Railroader

Major findings:
Of operations None

Of autopsy None made. 12/10

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

11. Industry or business

12. Name William Perks

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

14. Maiden name Osborn

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

22. If death was due to external causes, fill in the following:
No

(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?

16. (a) Informant Mrs. Amanda Abbott

(b) Address Princeton Mo

17. (a) Burial (b) Date thereof Sept 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton

18. (a) Signature of funeral director Noel Marx

(b) Address Princeton Mo

19. (a) 9/1-41 (b) J.M. Perry
(Date of local registrar) (Registrar's signature)

23. Signature A.S. Bristow (M. D. or other) MD
Address Bristow Bldg. Princeton Date signed 8/30.41

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

15-1-6

Cur.

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

Signed Her Moss
Licensed Embalmer No. 2634
P. O. Address Penitentiary

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.