

FILED JUL 23 1942  
Registration District No. 21

Primary Registration District No. 5575

Registrar's No. 32

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town HORINE MO. FOR CEM.

(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)

In this community .....

2. USUAL RESIDENCE OF DECEASED: 50

(a) State Mo (b) County JEFFERSON

(c) City or town HORINE

(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME ALMIRA PERKINS

3. (b) If veteran, name war .....

3. (c) Social Security No. ....

4. Sex F 1. Color or race W.

5. Color or race W.

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

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

7. Birth date of deceased JUNE 12 1855

(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 29 year 1942 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from May 28 1942 to May 28 1942

that I last saw her alive on May 28 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 11 Days 17 If less than one day hr. min.

9. Birthplace JEFFERSON CO. MO. 0

(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

Immediate cause of death Cerebral Hemorrhage

Due to Diabetes

Due to 61

Other conditions (Include pregnancy within 3 months of death) .....

11. Industry or business .....

12. Name UNKNOWN

13. Birthplace UNKNOWN 9

(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN 9

(City, town, or county) (State or foreign country)

16. (a) Informant Geo H Butler

(b) Address HORINE MO.

17. (a) BURIAL (b) Date thereof MAY 31, 1942

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ZION CEM. PEVEY MO.

18. (a) Signature of funeral director Heiligtay Funeral Home

(b) Address Timmsville Mo.

19. (a) May 30, 1942 (b) A. C. Wiley

(Date received local registrar) (Registrar's signature)

Major findings: Of operations None

Of autopsy None

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? .....

(Specify type of place) (Means of injury)

23. Signature Armedt Dean M.D. Date signed 5/31/42

Address Pevee, Mo.

Duration 1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

50  
0  
0

1265

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**