S. No. 2
I—9-4-41
5-17-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3325

State File No.

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 71

94
2
1.

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital 0
(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 Mo. (b) County St. Francois 94
(c) City or town Flat River, Mo. 5
(If outside city or town limits, write "RURAL") 2
(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 Miss Mabel Mattie Perkins
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex Female
5. Color or race White Cave 1
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased August (Month) 16 (Day) 1885 (Year)

8. AGE: Years 57 Months 4 Days 27. If less than one day hr. min.

9. Birthplace Hematite (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business —
FATHER
12. Name Mr. Morgan Perkins
13. Birthplace Vineland, Mo. (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Miss Mattie Webster
15. Birthplace Ohio (City, town, or county) 1 (State or foreign country)
16. (a) Informant Miss Phylis Perkins sister
(b) Address Flat River, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Park View Country
18. (a) Signature of funeral director Alvin W. Hood
(b) Address 303 Crane St. Flat River, Mo.
19. (a) Jan. 16, 1943 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13
year 43 hour 4 minute a M.
21. I hereby certify that I attended the deceased from 1-13, 1943, to 1-13, 1943
that I last saw her alive on 1-13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Chronic Interstitial nephritis Chronic
Due to Oedema of Lungs
Due to
Other conditions (Include pregnancy within 3 months of death) 131a
Major findings:
Of operations
Of autopsy

Duration

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)
(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)
While at work? (e) Means of injury 0
23. Signature R. A. Pfleberg (M. D. or other)
Address Farmington, Mo. Date signed 1-13-43

1146 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 243-1667
Date Filed 2-5-43

APR 5 1940

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address Flat River, 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, fact should be so stated above.