

FILED MAR 6 1943
128
Registration District No. 1943

Primary Registration District No. 2000

39
2
6

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

1. PLACE OF DEATH: GREENE

(a) County.....
 (b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
614 W. Walnut
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Walnut Grove Rt. 2
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Nancy Jeanette Perkins
 3. (b) If veteran, name war No. 3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24
 year 1943 hour 4 minute 10 P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Child
 6. (b) Name of husband or wife..... Child 6. (c) Age of husband or wife if alive Child years
 7. Birth date of deceased March 26 1930
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-23 1943 to 2-24 1943
 that I last saw her alive on 2-24 1943
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>12</u>	<u>10</u>	<u>28</u>hr.....min.

Immediate cause of death Pan-Carditis
 Due to Rheumatic fever
 Duration 2 mo

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

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

10. Usual occupation Child
 11. Industry or business Child

Major findings:
 Of operations.....
 Of autopsy.....
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 { 12. Name James H. Perkins
 { 13. Birthplace Greene Co. Missouri
(City, town, or county) (State or foreign country)
 { 14. Maiden name Lenore Hinds
 { 15. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James H. Perkins
 (b) Address Walnut Grove Mo. Rt. 2

17. (a) Burial (b) Date thereof 2-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hazelwood

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.....

18. (a) Signature of funeral director Dunn Funeral Home
 (b) Address Springfield, Mo.
 19. (a) 2-25-43 (b) S. H. Handley
(Date received local registrar) (Registrar's signature)

23. Signature Urban Busch (M. D. or other)
 Address Springfield Mo Date signed 2-25-43

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.....

Body was Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Frank Grable Jr.

Licensed Embalmer No.

4140

P. O. Address.....

Springfield, 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.