

FILED SEP 8 1943  
Registration District No. 32

Primary Registration District No. 4042

Registrar's No. 22

1. PLACE OF DEATH:  
(a) County Bollinger  
(b) City or town Lutesville  
(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 Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Bollinger  
(c) City or town Lutesville  
(If outside city or town limits, write "RURAL.")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country /

3. (a) PRINT FULL NAME Rebecca Jane Perkins  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11th  
year 1943 hour 4:00 minute 30 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw her alive on 8/11/43, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to Arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 2

23. Signature Dr. John J. Moore, M.D. Date signed 9/4/43  
Address Lutesville, Mo.

5. Color or race Female / White  
6. (a) Single, widowed, married, divorced 2 Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Unknown 1848  
(Month) (Day) (Year)

8. AGE: Years 94 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bollinger Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Hwf.

11. Industry or business \_\_\_\_\_

12. Name William Roberts

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

14. Maiden name Unknown

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

16. (a) Informant Nela R. Mouser  
(b) Address Lutesville, Mo.

17. (a) Burial (b) Date thereof Aug. 12, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Club Creek cemetery

18. (a) Signature of funeral director Baker Funeral Home  
(b) Address Lutesville, Mo. J. E. Stahl

19. (a) 9/4/43 (b) Mrs. Geneva Graham  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

1063

RECEIVED

District Health Officer No. 4  
District File Number 943-2623  
Date Filed 9-2-43

---

---

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

Signed J. C. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.