S. No. 2
M—5-43
. 5-17-39
p I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1944

Registration District No. 2000

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3041

State File No. 18594

Registrar's No. 51

1. PLACE OF DEATH:

(a) County: Macon

(b) City or town: Macon
(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 years, months or days)

In this community: 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Macon

(c) City or town: Macon
(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

3. (a) PRINT FULL NAME: Martin Lincoln Perkins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Feb (Month) 29 (Day) 1880 (Year)

8. AGE: Years 64 Months 7 Days 4 If less than one day hr. min.

9. Birthplace: Macon county (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: Coal Miner

11. Industry or business

MOTHER FATHER

12. Name: Robert Perkins

13. Birthplace: (City, town, or county) Mo. (State or foreign country) 0

14. Maiden name: Drucilla Grey

15. Birthplace: (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant: Robert Perkins

(b) Address: Macon Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 2 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Woodlawn, Macon, Mo.

18. (a) Signature of funeral director: E. C. Hopper

(b) Address: Macon Mo.

19. (a) 6/2/44 (Date received local registrar) (b) Dora B. Winkler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1944 hour 14:30 minute A. M.

21. I hereby certify that I attended the deceased from May 1, 1944 to May 30, 1944 and that I last saw him alive on May 30, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis of the respiratory system

Due to: Chronic nephritis

Due to:

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

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

23. Signature: L. C. D. Edwards (M. D. or other)

Address: Macon, Mo. Date signed 6/2/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-44-1096
Date Filed JUN 9 1944

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 Louis E. Hopper

Licensed Embalmer No. 4264

P. O. Address Clarence 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.