

FILED JAN 9 1945

Primary Registration District No. 5142

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

1. PLACE OF DEATH:

(a) County Butler
(b) City or town rural - Neelyville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 mi. So. of Neelyville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) county Butler
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 mi. So. of Neelyville
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Salmon P Perkins

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race colored
6. (a) Single, widowed, divorced, or married
6. (b) Name of husband or wife Sally Perkins
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased April 4 1885
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Hancock Co. Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Sal P Perkins

13. Birthplace unknown Miss
(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 Sally Perkins

(b) Address Neelyville, Mo

17. (a) Burial (b) Date thereof 12-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neelyville, Mo

18. (a) Signature of funeral director W. J. Fisher
(b) Address Naylor, Mo

19. (a) 12-21-44 (b) Belle Turner
(Date received from) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1944 hour 3 minute _____ P.M.

21. I hereby certify that I attended the deceased from Dec 17, 1944
7:00 to 4:40
that I last saw him alive on Dec 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Malaria

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature E. J. Far (M. D. or other) _____

Address Neelyville Date signed Dec 19 1944

RECEIVED

District Health Office No. 2,

District File Number 45-28

Date Filed 1-5-45

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.