

S. No. 2
M-543
7. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 26 1945

State File No. 20360

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 479

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital 5 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright 114

(c) City or town Hartsville Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 5 miles north
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM OSCAR PERKINS

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife Sarah Holten Perkins

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Sept. 10, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>9</u>	<u>3</u>	hr. _____ min.

9. Birthplace Mane, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Wright Perkins

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

14. Maiden name Almeta Lacey

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

16. (a) Informant Mrs Sarah E. Perkins

(b) Address Hartsville, Mo.

17. (a) Buried (b) Date thereof 6-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mane Cem.

18. (a) Signature of funeral director Gene E. Holden

(b) Address Hartsville Mo

19. (a) 6-15-45 (b) W. H. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1945 hour 6 minute 35 P. M.

21. I hereby certify that I attended the deceased from Apr 24 1945 to May 18 1945
that I last saw him alive on May 18 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of urinary bladder

Due to _____

Due to 52 b

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

Major findings:
Of operations _____

Of autopsy _____

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 Spencer M. ... (M. D. or other)

Address Spfld. Mo. Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MAR 8 1948

SEP 6 1945
AUG 25 1945

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 Gene E. Aldren

Licensed Embalmer No. 3865

P.O. Address Hartsville 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.