

S. No. 2
M-5-43
v. 5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8280**

FILED MAR 12 1946
Registration District No. **368**

Primary Registration District No. **3076**

Registrar's No. **17**

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

1. PLACE OF DEATH:
 (a) County Vernon
 (b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Passel man at work at RR. Shop 3
(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 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Demar 108
 (c) City or town Nevada
(If outside city or town limits, write "RURAL")
 (d) Street No. 500 E. Oakland
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Bert F. Perkins
 3. (b) If veteran, name war no
 3. (c) Social Security No. 702-18-2059

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month 2 day 6
 year 46 hour 9 minute 45 AM
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Johnnie Perkins
 6. (c) Age of husband or wife if alive 57 years
 Birth date of deceased Aug. 23, 1886
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis
 Due to _____
 Due to _____
 Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years 59 Months 5 Days 14
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Labor Museum Pacific

11. Industry or business Missouri Pacific Rail Road

12. Name B. F. Perkins

13. Birthplace Adrian Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. M. E. Ronald

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

16. (a) Informant Mr. B. F. Perkins

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 2-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Richard F. J. ...

(b) Address Nevada, Mo.

19. (a) 2-9-46 (b) Walter Vancey
(Date received local registrar) (Registrar's signature)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy no
 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 3
 23. Signature Marcel ...
 Address Nevada, Mo. Date signed 2-6-46

MAR 19 1946

RECEIVED

Office No. 7

2-16-189

Date Filed 2-8-46

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 *Mark Eichinger*

Licensed Embalmer No. *2656*

P. O. Address *Nevada, 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.