

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

10219

FILED MAR 19 1946

Registrar's No. 26

Registration District No. 223

Primary Registration District No. 3047

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

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Newrich
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
South Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 yrs. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Newrich
(If outside city or town limits, write "RURAL")
(d) Street No. South St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Mae Perkins

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

(b) Name of husband or wife Edward G. Perkins 6. (c) Age of husband or wife if alive, _____ years

7. Birth date of deceased Nov. 18, 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Jacksonville Del.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Dickerson

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

14. Maiden name Perkins

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

16. (a) Informant Mrs. Purcell

(b) Address South St. Neosho, Mo.

17. (a) Burial (b) Date thereof 2-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 100 F.

18. (a) Signature of funeral director Thompson Funeral Home

(b) Address Neosho, Mo.

19. (a) Mar. 12, 1946 (b) Melvin C. Borman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
year 1946 hour 9 minute 20 a.m.

21. I hereby certify that I attended the deceased from Feb 24
1946, to Feb 27 1946
that I last saw her alive on Feb 27 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to _____

Due to _____

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

Major findings: Of operations None

Of autopsy None

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) _____ (e) Means of injury _____

23. Signature J. Reynolds (M. D. or other) MD

Address Neosho, Mo. Date signed 3-1-46

RECEIVED

District Health Officer No.

District File Number 2-146-28

Date Filed 2-18-46

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.....

George R. Lammell

Registered Apprentice No. 391

working under my personal supervision.

Signed

Clara M. Wungy

Licensed Embalmer No. 3566 mo.

P. O. Address 1020 E 33rd St. Dept. M

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.