

**FILED JUN 6 1946**  
Registration District No. 340

Primary Registration District No. 6/61

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**1. PLACE OF DEATH:**

(a) County Stoddard

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

(c) Name of hospital or institution: 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 \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME:** Sena Octava Perkins

**8. (b) If veteran,** name war \_\_\_\_\_ **8. (c) Social Security** No. \_\_\_\_\_

**4. Sex:** F **5. Color or race:** W

**6. (a) Single, widowed, married, divorced:** 1

**6. (b) Name of husband or wife:** W. P. Perkins **6. (c) Age of husband or wife if alive:** 77 years

**7. Birth date of deceased:** Nov 20 1871  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
			hr. min.

**9. Birthplace:** Zabon, Mo.  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** shop

**11. Industry or business:** Own home

**MOTHER FATHER**

**12. Name:** Frank Allard

**18. Birthplace:** Ill.  
(City, town, or county) (State or foreign country)

**14. Maiden name:** Polly Simmons

**15. Birthplace:** Ill.  
(City, town, or county) (State or foreign country)

**16. (a) Informant's own signature:** W. P. Perkins

**(b) Address:** Malden, Mo. Rr 2

**17. (a) Burial:** Burial **(b) Date thereof:** 4/30/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation:** Union Hill Cemetery

**18. (a) Signature of funeral director:** [Signature]

**(b) Address:** Advance, Mo.

**19. (a) [Signature]:** 5/18/46 **(b) [Signature]:** Lottie Jeffress  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Stoddard

(c) City or town Parma Malden  
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #2  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month April day 18  
year 1946 hour 3 minute 30 A.M.

**21. I hereby certify that I attended the deceased from** 1-29  
1946, to April 18, 1946

that I last saw her alive on April 11, 1946,  
and that death occurred on the date and hour stated above.

**Immediate cause of death:** Cerebral Hemorrhage

**Due to:** \_\_\_\_\_

**Due to:** \_\_\_\_\_

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

**Major findings:** \_\_\_\_\_

**Of operations:** \_\_\_\_\_

**Of autopsy:** 138

**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:** [Signature] (M. D. or other)

**Address:** Parma **Date signed:** 4/18/46

RECEIVED

District Health Office ' N

District File Number 646-

Date Filed 6-3-46

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**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, above space should be left blank.**