

FILED JUL 9 1948

Registration District No. 38

Primary Registration District No. 5120

Registrar's No. 149

1. PLACE OF DEATH:

(a) County Boone
 (b) City or town Columbia Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Brown Station,
(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 70 Years

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME FRANCIS MARTON PERKINS

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Laura Perkins 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 7 - 6 - 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>11</u>	<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Marion Perkins
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Sapp
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cecil George
 (b) Address Brown Station, Mo.

17. (a) Burial (b) Date thereof 6-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Nashville Cemetery

18. (a) Signature of funeral director Parson James Lewis
 (b) Address Columbia, Mo.

19. (a) 6-26-46 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
 year 1946 hour 11 minute 50 P M.

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.

Immediate cause of death Pulmonary T.B. Duration _____
He was X-rayed at Boone Co. Hosp. at Boone is now in California.
 Due to his doctor
 Due to his case is out there at B.C. Hosp.

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

Major findings: None 13/1
 Of operations _____
 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) No
 (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? No

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

23. Signature W. D. Deport (M. D. or other) MD
 Address Columbia, Mo. Date signed 6-26-46

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

18553

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-8-46 9:00

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 M. D. Whitesides.....

Licensed Embalmer No. 3893.....

P. O. Address Columbia, 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.