S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27841

Registration District No. 236 Primary Registration District No. 5818 Registrar's No. 33

1. PLACE OF DEATH:

(a) County Morgan

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

(c) Name of hospital or institution:
RFD 2 /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71

(c) City or town Versailles, Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route #2 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William L. Perkins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race W

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

6. (b) Name of husband or wife Matilda Perkins

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March (Month) 10 (Day) 1876 (Year)

8. AGE: Years 70 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Sterling (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business "

FATHER
12. Name John Perkins
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant B. L. Medicus
(b) Address 413 E. McNair Versailles, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10-46 (Month) (Day) (Year)
(c) Place: burial or cremation Versailles, Cemetery

18. (a) Signature of funeral director W. F. Kidwell
(b) Address W. F. Kidwell Versailles, Mo

19. (a) 8-10-46 (Date received local registrar) (b) J. L. Washburn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
year 1946 hour Unknown minute 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.

	Duration
Immediate cause of death Gun Shot wound.	
Due to Suicide Self Inflicted	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 164
Of autopsy

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) Suicide
(b) Date of occurrence 8-6-46.
(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)
While at work? (e) Means of injury Morgan County

23. Signature B L Medicus (M. D. or other)
Address Versailles Mo Coroner

(Licensed Embalmer's Statement on Reverse Side)

8-10-46

RECEIVED
Di[illegible] Officer No. 7,
[illegible] 7-46-810
[illegible] 8-13-46
Date Filed

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 H. F. Kidwell

Licensed Embalmer No. 1596

P. O. Address Versailles 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.