S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37989

Registration District No. 291 Primary Registration District No. 5992 Registrar's No. 72

1. PLACE OF DEATH:

(a) County PUTNAM

(b) City or town UNIONVILLE R.F.D. Lincoln Twp
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County PUTNAM 86

(c) City or town UNIONVILLE R.F.D. 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME GEORGE PERKINS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife SADIE PERKINS

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased DECEMBER (Month) 7 (Day) 1874 (Year)

8. AGE: Years 71 Months 10 Days 15 If less than one day hr. min.

9. Birthplace PUTNAM CO. (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARM

11. Industry or business FARMING

FATHER
12. Name DAVID PERKINS
13. Birthplace PUTNAM CO. (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name MILISSIE J. RICE
15. Birthplace PUTNAM CO. (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Sadie Perkins
(b) Address UNIONVILLE, MO. R.F.D.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct-24-1946 (Month) (Day) (Year)
(c) Place: burial or cremation UNIONVILLE CEMETERY

18. (a) Signature of funeral director Comstock FUNERAL HOME
(b) Address UNIONVILLE, MO. By John N. Comstock

19. (a) 11-5-46 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 22
year 1946 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from June 4, 1946 to Oct 22, 1946
that I last saw him alive on Oct 22, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	4 days
Due to Arteriosclerosis & hypertension	10 years
Due to Chronic glomerulonephritis	10 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

131B

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)
While at work? (e) Means of injury

23. Signature Chas L. Judd (M. D. or other) DO
Address Unionville Mo Date signed 10-23-46

266 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 46-2175
NOV 26 1946
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 John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.