

FILED FEB 11 1947
Registration District No. 349

Primary Registration District No. 10177

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Rural-- Buchanan Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan 105

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

(d) Street No. Buchanan Twp.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Allen 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 Single

6. (b) Name of husband or wife None

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

7. Birth date of deceased January 16 1947
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business None

12. Name Glen D. Perkins

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

14. Maiden name Theilma Yardley

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

16. (a) Informant Bing D. Perkins

(b) Address Green City Mo.

17. (a) Burial (b) Date thereof Jan. 28 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scobee Cemetery

18. (a) Signature of funeral director Blain E. Rutherford

(b) Address Green City, Missouri

19. (a) Jan 31-47 (b) Laura Shaw
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 27, year 1947 hour 6:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from Jan 16 1947 to Jan 27 1947
that I last saw him alive on Jan 27 1947 and that death occurred on the date and hour stated above.

Immediate cause of death patency of foramen Shaur
ovale

Due to _____

Due to _____

Other conditions (include pregnancy within 5 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) Means of injury _____

23. Signature Chas. L. Judd (M. D. or other) _____

Address Unionville Mo. Date signed 1-27-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 2-47-299
Date FEB. 10. 1947

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 Archibald Wade

Licensed Embalmer No. 3037

P. O. Address Greenbatty, Va

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.