

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5634**

Registration District No. **250** Primary Registration District No. **5848** Registrar's No. **6**

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

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Barnard, Mo. (Rural) Grant
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2 Miles North /
(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 Nodaway **74**
 (c) City or town Barnard "Rural" **0**
(If outside city or town limits, write "RURAL")
 (d) Street No. 2 Miles North **0**
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Avery A. Perkins
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 4th
 year 1947 hour 9 minute 50 P.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan. 13, 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 18, 1941 to March 4, 1947
 that I last saw him alive on March 4, 1947
 and that death occurred on the date and hour stated above.
 Immediate cause of death Locus Cerebri **2 1/2 hours**
 Duration _____

8. AGE: Years 66 Months 1 Days 21
 If less than one day _____ hr. _____ min.

Due to _____ **930**
 Due to _____

9. Birthplace Barnard Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Farming

Other conditions Arteriosclerotic heart disease **7 yrs**
(Include pregnancy within 3 months of death)

11. Industry or business None
 MOTHER FATHER { 12. Name John S. Perkins
 13. Birthplace Hancock County Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Wohlford
 15. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)

Major findings: not made
 Of operations _____
 Of autopsy not had
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant J. K. Perkins
 (b) Address St. Joseph, Missouri
 17. (a) Burial (b) Date thereof. 3/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Barnard Cemetery
 18. (a) Signature of funeral director Price Funeral Home
120 East 1st, Maryville, Mo.
 (b) Address _____
 19. (a) 3-8-47 (b) Mr. E. C. Cresshaw
(Date received local registrar) (Registrar's signature)

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. D. Humbert (M. D. or other) **CD**
 Address Barnard, Mo. Date signed 3/6/47

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Clay M. Price

Licensed Embalmer No. 1822

P. O. Address Mayville, 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.