

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9668**

FILED MAR 28 1947

Registration District No. **156**

Primary Registration District No. **9001**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: **Jasper**

(a) County **Jasper**

(b) City or town **Joplin**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Johns Hospital** **2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **12 days** (Specify whether \_\_\_\_\_)

In this community **15 yrs**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **H-9**

(c) City or town **Joplin** **2**  
(If outside city or town limits, write "RURAL")

(d) Street No. **815 Minn.** **5**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No) **11**

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Chas Henry Perkins**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **11th**.  
year **1947** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **March 8th** 19**47**, to **March 10th**, 19**47**;  
that I last saw him alive on **March 10th**, 19**47**,  
and that death occurred on the date and hour stated above.

4. Sex **male**  **white**

5. Color or race **white**

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: **Aug.** **23** **1879**  
(Month) (Day) (Year)

Immediate cause of death: **Chromia Nephritis**

Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<b>67</b>	<b>6</b>	<b>16</b>	hr. _____ min. _____

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **131B**  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

9. Birthplace: **Moline Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Resturant owner**

11. Industry or business \_\_\_\_\_

12. Name **Alvin Perkins** **9**

13. Birthplace **unknown** **9**  
(City, town, or county) (State or foreign country)

14. Maiden name **Nellie Newton**

15. Birthplace **unknown** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Fay Perkins**

(b) Address **815 Minn**

17. (a) **burial** (b) Date thereof **March 14 47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview**

18. (a) Signature of funeral director **Parker-Hunsaker**

(b) Address **4502 Joplin St. Joplin Mo.**

19. (a) **3-13-47** (b) **Ed S. Janner**  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **E. G. Coats** (M. D. or other) **P**  
Address **Joplin Mo** Date signed **3-12-47**

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

47-3-216

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**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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.**