

2. No. 2
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5-17-39
P 1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13165

FILED APR 23 1947
Registration District No. 128

State File No. _____
Registrar's No. 331

Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution:
Trotter Nursing Home
(d) Length of stay: In hospital or institution 4 days
In this community 30 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. 911 Nichols Street
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT FRANKLIN PERKINS
3. (b) If veteran, name war No.
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 8th
year 1947 hour 5:00 A.M. minute _____ M.
21. I hereby certify that I attended the deceased from 2-15
1943 to 4-8 1947
that I last saw him alive on 4-3 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ?
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 2, 1864
(Month) (Day) (Year)

Immediate cause of death
Cronchial Asthma and acute attack of
tub.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
83 1 6 _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy 112
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Andrew Jackson Perkins
13. Birthplace Franklin County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Fiddie Pryor
15. Birthplace Marion County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Victor Perkins
(b) Address R.F.D. # 3, Dixon, Mo.

17. (a) Removal (b) Date thereof April 10, 1947
(c) Place: burial or cremation Iberia, Missouri

18. (a) Signature of funeral director Fred C. Riene
(b) Address Springfield, Mo.

19. (a) 4-8-47 (b) W. Handy MD
(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? _____
(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 0
23. Signature W. Kelly (M. D. or other) _____
Address Springfield Mo Date signed 4-8-47

(Licensed Embalmer's Statement on Reverse Side)

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

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2
6

MOTHER FATHER

111

1901 I I MOP

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..... *Ralph H. Thione*

..... Licensed Embalmer No. **3681**

..... P. O. Address **Springfield, 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.