

No. 2  
4-5-43  
5-17-39  
1 X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 27 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18133**  
Registrar's No. **191**

Registration District No. **209** Primary Registration District No. **3043**

1. PLACE OF DEATH:  
(a) County **Marion**  
(b) City or town **Hannibal**  
(c) Name of hospital or institution:  
**1419a Market St.**  
(d) Length of stay: In hospital or institution **--**  
In this community **-----**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Marion**  
(c) City or town **Hannibal**  
(d) Street No. **1419a Market St.**  
(e) Citizen of foreign country? **no**  
If yes, name country **--**

3. (a) PRINT FULL NAME **SALOMA PERKINS**  
(b) If veteran, name war **--**  
(c) Social Security No. **--**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **11** year **1947** hour **11** minute **10** P.M.  
21. I hereby certify that I attended the deceased from **May 9<sup>th</sup> 47** to **May 11<sup>th</sup> 47** that I last saw her alive on **May 10<sup>th</sup> 47** and that death occurred on the date and hour stated above.  
Immediate cause of death **Arterial Insufficiency**  
Due to **Seridity**  
Other conditions **92 P.**

4. Sex **female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **Sebastian Perkins**  
6. (c) Age of husband or wife if alive **--** years  
7. Birth date of deceased **October 5 1868**

8. AGE: Years **78** Months **7** Days **6** If less than one day hr. min.

9. Birthplace **Missouri**  
10. Usual occupation **housewife**

11. Industry or business **-----**  
12. Name **Noah Dicks**  
13. Birthplace **unknown**  
14. Maiden name **unknown**  
15. Birthplace **unknown**

16. (a) Informant **Mrs. Frances Cooperider**  
(b) Address **1212 Hill, Hannibal, Mo.**  
17. (a) **burial** (b) Date thereof **May 14, 1947**  
(c) Place: burial or cremation **Grand View Burial Park**

18. (a) Signature of funeral director **Ray O. Schwartz**  
(b) Address **3000 Broadway, Hannibal, Mo.**  
19. (a) **5-17-47** (b) **W. E. M. ...**

Duration  
Physician  
Underline the cause to which death should be charged statistically.  
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 **W. E. M. ...** (M. D. or other) **MD**  
Address **Hannibal Mo** Date signed **5/14/47**

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

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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..... *Paul Richard Brown* .....

Licensed Embalmer No. *4324* .....

P. O. Address..... *Hannibal, 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.**