

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44160

State File No. _____

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 452

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton 10 20 N. Jefferson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 35 Years
years, months or days) (Specify whether _____)

3. (a) PRINT FULL NAME Maggie Lena Perkins

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert Duncan Perkins 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 7 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>9</u>	<u>22</u>	_____ hr. _____ min.

9. Birthplace Graffenburg Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name John J. Thompson

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

14. Maiden name Sara Ellen Smith

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

16. (a) Informant Mrs. Glen Curtis

(b) Address Fulton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-47
(Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Wallace Funeral Home

(b) Address 7 W 6th St. Fulton, Missouri

19. (a) 1-2-48 (Date received local registrar) (b) Joise Marinkehoff (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Fulton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1020 N. Jefferson 2
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day December
year 1947 hour 5 minute 25 A. M.

21. I hereby certify that I attended the deceased from 18 April 1946 to 29 Dec 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis with thrombosis and occlusion 6 hours

Due to Hypertensive Cardiovascular disease with myocarditis and arteriosclerosis Yes

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature E. Rutledge (Specify type of place of injury: _____) (M. D. or other) MD

Address Fulton, Mo Date signed 29 Dec 47

(Licensed Embalmer's Statement on Reverse Side)

Date Filed 1-15-48
District File Number

Director, Health Officer No. 9,

RECEIVED

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.....

Walter J. Haines, Jr., Registered Apprentice No. 82
working under my personal supervision.

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Tulton, Md

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.