

S. No. 2
M-1/47
5-17-39

13707

FEDERAL SECURITY AGENCY

UNION DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics

FILED MAY 3 1948
Registration District No. 4

Primary Registration District No. 3056

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 112 1/2 North Fourth
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether)

In this community Entire Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 112 1/2 North Fourth
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME ANNA L. PERKINS

3. (b) If veteran name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1948 hour 2 minute 45 AM/PM A

21. I hereby certify that I attended the deceased from Oct. 24, 1947, to Apr. 27, 1948, that I last saw her alive on Apr. 26, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis

Duration

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Greene A. Perkins

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

7. Birth date of deceased October - 8 - 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

92 6 19 hr. min.

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

10. Usual occupation Housewife

11. Industry or Business

12. Name Hilton Belcher

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

14. Maiden name Rachael Walden

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

16. (a) Informant Mrs. Eva Babb

(b) Address 1300 Concession Moberly Mo.

17. (a) Burial (b) Date thereon Apr. 28 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo.

18. (a) Signature of funeral director Funeral Home

(b) Address Moberly Missouri

19. (a) Apr 28 - 48 (b) Frank William Loue
(Date received local registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 97

Of autopsy

PHYSICIAN

Underline the cause of 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?..... (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature E. T. Whitaker (M. D. or other) D.O.

Address Moberly, Mo Date signed 4-27-48

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

MOTHER FATHER

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 _____

C. L. Hutton

Registered Apprentice No. *10*

working under my personal supervision.

Signed _____

R. M. Carter

Licensed Embalmer No. *4117*

P. O. Address *Moberly 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.