

Registration District No. *64*

Primary Registration District No. *4109*

State File No. \_\_\_\_\_

Registrar's No. *49*

1. PLACE OF DEATH:  
(a) County *Chariton*  
(b) City or town *Keytesville*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution *S. Park of Keytesville*  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community *All his life*  
years, months or days

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

4. Sex *Male* 5. Color or race *White*  
6. (a) Single, widowed, married, divorced *Single*  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased *Sept 17 - 1876*  
(Month) (Day) (Year)

8. AGE: Years *71* Months *10* Days *4*  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace *Keytesville Mo.*  
(City, town, or county) (State or foreign country)

10. Usual occupation *Farmer*

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

MOTHER FATHER  
12. Name *Andrew Perkins*  
13. Birthplace *Days Snow Virginia*  
(City, town, or county) (State or foreign country)  
14. Maiden name *Elsie Webb*  
15. Birthplace *Chariton Mo.*  
(City, town, or county) (State or foreign country)

16. (a) Informant *Mrs J. E. Montgomery*  
(b) Address *Keytesville Mo.*

17. (a) *Buried* (b) Date thereof *July 22<sup>nd</sup> 1948*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Asbury*

18. (a) Signature of funeral director *J. A. Barnett*  
(b) Address *Keytesville Mo.*

19. (a) *7-22-48* (b) *R. H. Perkins*  
(Date received local registrar) (Registrar's signature) *S.S.*

2. USUAL RESIDENCE OF DECEASED:  
(a) State *Mo* (b) County *Chariton*  
(c) City or town *Keytesville*  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? *No* (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *July* day *21<sup>st</sup>*  
year *1948* hour *8* minute *15* M.  
21. I hereby certify that I attended the deceased from *June 13*  
to *July 20<sup>th</sup>* 19*48*  
that I last saw him alive on *July 20<sup>th</sup>* 19*48*  
and that death occurred on the date and hour stated above.

Immediate cause of death *myocardial degeneration*  
Due to *Essential Hypertension*  
Duration *2 mo*  
Due to \_\_\_\_\_

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

Major findings:  
Of operations *9715*  
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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury *2*

23. Signature *Ralph Carhart* (M. D. or other) *MO*  
Address *Keytesville Mo.* Date signed *7-21-48*

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 8-4-48

FEB 23 1949

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 H. D. Garnett

Licensed Embalmer No. 3046

P. O. Address Key to wills 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.