

REC'D AUG 8 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

24357

Do not use this space.

2862

Registered No.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 199  
(b) Township Kaw Primary Registration District No. 22  
(c) City Kansas City (d) Street No. N. E. Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Perl Wilfred Lockridge 2.63

(a) Residence, No. 3800 South Benton St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ida Lockridge  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1879  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 0 28  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Insurance  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME P. H. Lockridge 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 1

MOTHER 15. MAIDEN NAME Ida Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Charles F. Lockridge (Brother)  
(ADDRESS) 4312 Oak Street, Kansas City, Mo.

18. BURIAL, CREMATION OR REMOVAL Mt. Washington Cem.  
PLACE Kansas City, Mo DATE July 16, 1938

19. FUNERAL DIRECTOR (NAME) Stine & McClure  
(ADDRESS) Kansas City, Missouri.

20. FILED 7-16 1938 M. M. Crowe  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 30 1938, to July 14 1938  
I last saw him alive on July 14 1938. Death is said to have occurred on the date stated above, at P. m. 1:30  
The principal cause of death and related causes of importance were as follows:

Decomposed Myocarditis - Date of onset June 30?  
131

Other contributory causes of importance: Chronic Interstitial Nephritis - Oedema 2

Name of operation none Date of no  
What test confirmed diagnosis? Chest X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 1938  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no  
(Signed) H. T. Watterberg D.

(Address) 214 Bugler Bldg.  
312 Phogus  
K. C. 1870

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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, above space should be left blank.**