

JUL 15 1940

Registration District No. _____

Primary Registration District No. 1002

State File No. _____

Registrar's No. 2249

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community Non-Resident

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County _____
 (c) City or town Pittsburg
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31,
 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 5/13/40
 _____, 1940, _____, 1940;
 that I last saw him alive on 5/31/40, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach ?
Carcinomatosis
peritonealis 4/0
 Due to _____

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

Major findings: Carcinomatosis
 Of operations _____
 Of autopsy Given above

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?
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While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature M. M. Crowe (M.D. or other)
 Address 800 Argyle Bldg Date signed 6/4/40

3. (a) PRINT FULL NAME Willis A. Perry 607
 3. (b) If veteran, name war none
 3. (c) Social Security No. 702-12-1849

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

6. (b) Name of husband or wife Mrs. Ida Perry
 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased May 30, 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 1
 If less than one day _____ hr. _____ min.

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

10. Usual occupation K.C. Southern Railway

11. Industry or business _____

12. Name Austin Perry

18. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Filema Pierce

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

16. (a) Informant Hospital Records

(b) Address _____

17. (a) Removal (b) Date thereof June 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg, Kansas

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 W. 42nd St., K.C., Mo.

19. (a) June 1, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

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. 4030

P. O. Address H.C. 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, above space should be left blank.