

FILED MAY 29 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1948

1. PLACE OF DEATH:
 JACKSON
 (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: 314 N. White
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 Years
 (Specify whether years, months or days)
 In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 314 N. White
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JAMES FRANKLIN PERIGO
 3. (b) If veteran, No name war _____
 3. (c) Social Security No. None

4. Sex Male 5. Color or race Wh.
 6. (a) Single, widowed, married, divorced, Widower
 6. (b) Name of husband or wife Rachael
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan. 2, 1852
 (Month) (Day) (Year)

8. AGE: Years 90 Months 4 Days 15
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Laborer

11. Industry or business None

12. Name Greenbury Perigo
 13. Birthplace unknown (State or foreign country)

14. Maiden name Ellie Jones
 15. Birthplace unknown (State or foreign country)

16. (a) Informant W. C. Perigo
 (b) Address Los Angeles, Cal.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/42
 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
 (b) Address Kansas City, Mo.

19. (a) 5-18-42 (Date received local registrar) (b) In. In. Brown (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 17 year 1942 hour 3 minute 40 A. M.

21. I hereby certify that I attended the deceased from June 30, 1941, to May 17, 1942
 that I last saw him alive on May 17, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial degeneration
 Due to Essential Hypertension
 Due to 938

Duration 1 yr.
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

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 J. J. Cook (M. D. or other) _____
 Address 590 1/2 St. John Ave. Date signed 5/18/42

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

48
3
8

5902

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. Blackman

Licensed Embalmer No. 3639

P. O. Address J. C. Dns

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.