

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED JUL 3 1942 399
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2422

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Children's Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
In this community same 98 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 430 1/2 E. 15th
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GARY Winston Perkins
3. (b) If veteran, name war. None
3. (c) Social Security No. None

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced, inf
6. (b) Name of husband or wife child
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. May 1 1942
(Month) (Day) (Year)

8. AGE: Years # Months 1 Days 21
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Child

MOTHER FATHER
12. Name Fred Perkins
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lula Ramsey
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fred Perkins
(b) Address 4301 1/2 E. 15th St.

17. (a) Burial (b) Date thereof 6/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Rose & Henderson
(b) Address 4139 E. 15th St.

19. (a) 6-23-42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1942 hour 11:00 minute 45 P. M.
21. I hereby certify that I attended the deceased from 6-13-42 1942 to 6-22 1942
that I last saw him alive on 6-22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Hydrocephalus

Due to 15700

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

Major findings: Of operations _____
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 _____

23. Signature M. M. Crow (M.D. or other) _____
Address 1624 Prof Hwy Date signed _____

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.....

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, fact should be so stated above.