V. S. No. 2
50M—5-42
Rev. 5-17-39
Form I X32673

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17093

FILED JUN 7 1943

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 2412

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: K. C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2400 Forest
(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: About 4 yrs.

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.: 2400 Forest
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Laddie Isaac Perry
3. (b) If veteran, name war: World War I.
3. (c) Social Security No.: 509-16-4527
4. Sex: M
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Mar.
6. (b) Name of husband or wife: Amanda E. Perry
6. (c) Age of husband or wife if alive: 38 years
7. Birth date of deceased: Apr. (Month) 17 (Day) 1896 (Year)
8. AGE: Years 47 Months 01 Days 4 If less than one day ..... hr. ..... min.
9. Birthplace: Parsons (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Minister
11. Industry or business:
FATHER 12. Name: William Perry
FATHER 13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Maggie Anderson
MOTHER 15. Birthplace: unk. (City, town, or county) (State or foreign country)
16. (a) Informant: Amanda E. Perry
(b) Address: 2400 Forest
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5-27-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Wadsworth Kans.
18. (a) Signature of funeral director: Adkins Bros.
(b) Address: 2000 E. 12th K.C. Mo
19. (a) 5-26-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 21 year 1943 hour 5:20 minute P. M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... ; that I last saw him alive on ..... 19..... ; and that death occurred on the date and hour stated above.
Deputy Coroner

Immediate cause of death: Hypertensive Myocarditis — Duration
Due to: Acute Pulmonary Edema
Due to:
Other conditions (Include pregnancy within 3 months of death): 93D
Major findings:
Of operations:
Of autopsy: yes

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: J. Richardson (M. D. or other)
Address: 1832 Vine Date signed: 5-24-43

(Licensed Embalmer's Statement on Reverse Side)

JUN 11 1943

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 A. T. Moore

Licensed Embalmer No. 948

P. O. Address Kansas City 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.