

FILED JUL 8 1945
Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 2844

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution:
1017 E. 19th
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: 20 years in hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

(c) City or town Kansas City, MO
(If outside city or town limits, write "RURAL")

(d) Street No. 1017 - E 19th
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Perry Macklin, Jr.

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased Dec. 18, 1875
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business none

MOTHER FATHER { 12. Name Perry Macklin

13. Birthplace Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Bolden

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

16. (a) Informant Marguerite R. Smith
(b) Address 2103 Campbell St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-43
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery, K.C.

18. (a) Signature of funeral director Fannie L. Meek
(b) Address 1708 E. 18th St. Kansas City, Mo.

19. (a) 6-25-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd year 1945 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov 4, 1942 to June 23, 1945

that I last saw him alive on June 16th and that death occurred on the date and hour stated above.

Immediate cause of death Cholera, liver and pulmonary edema

Due to 1246'

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____

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 P. E. Brown (M. D. or other) _____
Address 917 Grand ave Date signed 6/24/45

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

APR 22 1950

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 Fannie L. Meek

Licensed Embalmer No. 3818

P. O. Address 1708 E. 18th St. N. 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, fact should be so stated above.