

SEP 21 1943

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3911

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9-7-43-9-8-43
(Specify whether years, months or days)

In this community 25 years
(Specify whether years, months or days)

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. 2411 Park
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE PERRY
(CREED)

MEDICAL CERTIFICATION

3. (b) If veteran, name war no

3. (c) Social Security No. 500-03-5537

20. DATE OF DEATH: Month September day 8 year 1943 hour 5:30 minute 8 M.

4. Sex male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased January 1 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from September 7, 1943 to September 8, 1943, that I last saw him alive on September 8, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>8</u>	<u>7</u>	_____ hr. _____ min.

Due to Ruptured Carcinomatous ulcer of the stomach

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

Due to _____

10. Usual occupation unemployed

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

11. Industry or business _____

Major findings: Of operations _____

12. Name John Perry

Of autopsy Same as above

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

PHYSICIAN _____

14. Maiden name Mary Jones

Underline the cause to which death should be charged statistically.

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

16. (a) Informant Record Clerk

22. If death was due to external causes, fill in the following:

(b) Address General Hospital No. 2

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof 9-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation meadville Mo.

(c) Where did injury occur? _____ (City or town) (County) (State)

18. (a) Signature of funeral director Adkins Bros.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address 2000 E. 12th St. Mo.

While at work? _____ (Specify type of place) (2) Means of injury _____

19. (a) 9-11-43 (b) J. E. Brown, Reg.
(Date received local registrar) (Registrar's signature)

23. Signature J. E. Brown, Reg. (M.D. or other) _____
Address Chillicothe Mo. 42-608-22 Date signed 9-9-43

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

JUL 10 1944

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.