S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 5 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13826

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 1776

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: Kansas City Convalescent Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)
In this community 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 5 (If outside city or town limits, write "RURAL")
(d) Street No. 418 So Hardesty 5 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Walter S. Perry
3. (b) If veteran, name war no
3. (c) Social Security No. 487-09-6603
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 10 1877 (Month) (Day) (Year)
8. AGE: Years 67 Months 8 Days 9 If less than one day hr. min.
9. Birthplace Ky (City, town, or county) / (State or foreign country)
10. Usual occupation Broommaker
11. Industry or business Farmer
MOTHER FATHER
12. Name Robert Perry
13. Birthplace Ky (City, town, or county) / (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) / (State or foreign country)
16. (a) Informant Mrs Coleman Perry
(b) Address 418 S. Hardesty
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/44 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hill Cem
18. (a) Signature of funeral director Lonzo Mayberry
(b) Address Linwood Olive
19. (a) 4-22-44 (Date received local registrar) (b) M. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19 day April year 1944 hour minute M.
21. I hereby certify that I attended the deceased from Feb 3 1944 to April 19 1944 that I last saw him alive on April 19 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Left Ventricular failure	1 wk.
Due to Coronary Thrombosis	2 mo.
Due to	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Dean Phillips (M. D. or other) MD
Address 1103 Grand Date signed 4-21-44

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(Licensed Embalmer's Statement on Reverse Side)

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 Ray E Snow

Licensed Embalmer No. 2560

P. O. Address ICC 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.