

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33368

State File No. _____
Registrar's No. **4072**

Registration District No. **149** Primary Registration District No. **1002**

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

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:
228 West 62nd Street Terrace
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community **25 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Leberta Perry**
 (b) If veteran, name war **No**
 (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widow**
 (b) Name of husband or wife **Breckenridge Perry**
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **March 21, 1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	6	18	_____ hr. _____ min.

9. Birthplace **Shelby County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business **At home**

12. Name **W. D. Caldwell**

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

14. Maiden name **Mary Church**

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

16. (a) Informant **Mrs. A. D. Connely**
 (b) Address **228 West 62nd St. Terr.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **10-10-44**
(Month) (Day) (Year)

(c) Place: burial or cremation **Shelbyville, Missouri**
 18. (a) Signature of funeral director **Freeman Mortuary**
 (b) Address **Kansas City, Mo.**

19. (a) **10-18-44** (Date received local registrar) (b) **D. E. Brown** (Registrar's signature)

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. **228 West 62nd Terrace**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **October** day **9th**
 year **1944** hour **10:45** minute **4** M.
 21. I hereby certify that I attended the deceased from **July 5**
 _____, 19 **44**, to **October 8,** 19 **44**;
 that I last saw h. er alive on **October 8,** 19 **44**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of descending colon**
 Due to _____
 Due to _____
 Other conditions **462**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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?

23. Signature **George C. Bee** (M. D. or other) _____
 Address **1630 Prof. Bldg** Date signed **10/19/44**

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

Mr. Geo. Lee
Prof. Bell
8:45 am.

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 *John E. [Signature]*

Licensed Embalmer No. 481

P. O. Address K. C. 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.