S. No. 2
OM—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1945

Registration District No. 749

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16010

Primary Registration District No. 1602

Registrar's No. 2378

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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: 2411 Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 0
In this community: 13 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DEACESED:
(a) State: Mo. (b) County: Jackson
(c) City or town: Kansas City 40
(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: 0

3. (a) PRINT FULL NAME: Mary Perry
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Fe
5. Color or race: Col.
6. (a) Single, widowed, married, divorced: Wid.
6. (b) Name of husband or wife: John Perry
6. (c) Age of husband or wife if alive: Deceased
7. Birth date of deceased: Oct. (Month) 1 (Day) 1867 (Year)

8. AGE: Years 77 | Months 7 | Days 30 | If less than one day ___ hr. ___ min.

9. Birthplace: Louisville (City, town, or county) Ky. (State or foreign country)
10. Usual occupation: Unemployed
11. Industry or business:
MOTHER FATHER
12. Name: Edward Jones
13. Birthplace: (City, town, or county) Ky. (State or foreign country)
14. Maiden name: Margaret
15. Birthplace: (City, town, or county) Ky. (State or foreign country)
16. (a) Informant: Pearl Sanderson
(b) Address: 2411 Park
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 3, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Meadville Mo
18. (a) Signature of funeral director: Adkins Bros
(b) Address: 2000 E. 12th K. C. Mo.
19. (a) 6-2-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 31 year: 1945 hour: 6 minute: 30 P.M.
21. I hereby certify that I attended the deceased from 5-16, 1942 to 5-31, 1945 and that I last saw her alive on 5-31, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Type of Heart Disease.	
Due to: Arterio Sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 93 d	
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: J. O. Henry MD (M. D. or other)
Address: 1603 E. 18th St. Date signed: 6-2-45.

(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 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.