

FILED OCT 29 1945

State File No.

4252

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:
3958 Warwick
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 35 years
years, months or days

3. (a) PRINT FULL NAME MRS CLARA PERRY

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

(b) Name of husband or wife Wm B. Perry 6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased. 5 - 24 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER, FATHER

12. Name James Stark

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

14. Maiden name Mary Tease

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

16. (a) Informant Mrs. Roger Macaio

(b) Address 3958 Warwick K.C. Mo

17. (a) Burial (b) Date thereof 10/14/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Clive & MacClain

(b) Address 3235 Gillbays Plaza K.C. Mo

19. (a) 10-16-45 (b) Edw. Holmes
(Date received local registrar) (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. 3958 Warwick Blvd
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1945 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis
Due to blue scainis

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

Major findings: 940
Of operations _____
Of autopsy no
History + Impression

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 James Clavin (M.D. or other) _____
Address 1424 1/2 St Date signed 10-14-45

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

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

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.