

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

FILED NOV 14 1945

State File No. \_\_\_\_\_  
Registrar's No. 4534

Registration District No. 149 Primary Registration District No. 1002

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: St. Luke's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks  
(Specify whether years, months or days)

In this community 7 6 Months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town Riverside  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Viola Perky Tupy

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1st  
year 1945 hour 3:38 minute A. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J. L. Tupy

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

7. Birth date of deceased November 28 1891/1892  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 15 45 to Nov 1 1945  
that I last saw her alive on Oct 31 1945  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>52-53</u>	<u>11</u>	<u>3</u>	hr. _____ min.

Immediate cause of death Coronary Thrombosis  
Fracture

Due to Coronary Thrombosis & Fracture

Due to Fracture

Other conditions Booth's  
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis, Missouri (1)  
(City, town, or county) (State or foreign country)

10. Usual occupation at home.

11. Industry or business X

12. Name D. J. Perky

13. Birthplace Missouri 0  
(State or foreign country)

14. Maiden name Ann S. R81b  
(City, town, or county) (State or foreign country)

15. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant George Leinweber

(b) Address Lee's Summit, Missouri

17. (a) Burial (b) Date thereof 11-2-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-2-45 (b) Sheldine Holme  
(Date received local registrar) (Registrar's signature)

Major findings: 942

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? \_\_\_\_\_

23. Signature H. P. Thompson (M. D. or other) M.D.  
Address 1002 Date signed 11/2/45

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

18  
3  
8

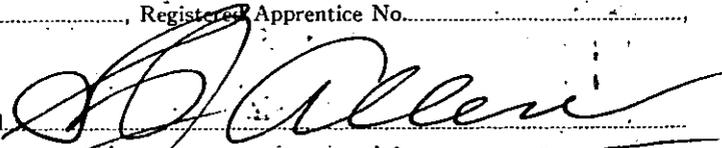
110  
Dr. Roughton  
P. O. 1314  
15

**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. 1415

P. O. Address. 17 C 120

**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.