

**FILED MAR 11 1946**

Registration District No. **749**

Primary Registration District No. **1002**

Registrar's No. **926**

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: **WHEATLEY-PROVIDENT HOSP**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 days**  
(Specify whether years, months or days) **34 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **JACKSON**  
(c) City or town **KANSAS CITY, MISSOURI**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2451 MONTGALL**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **HOMER PERRY**

3. (b) If veteran, name war **DONT KNOW** 3. (c) Social Security No. **DONT KNOW**

4. Sex **MALE** 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **MATTIE PERRY** 6. (c) Age of husband or wife if alive **62** years  
7. Birth date of deceased **FEB 1 1880**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **0** Days **19** If less than one day hr. min.

9. Birthplace **STARKESVILLE MISSI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **CHAUFFEUR**

11. Industry or business

MOTHER: { 12. Name **BONEY PERRY**  
13. Birthplace **MISSI**  
14. Maiden name **DONT KNOW**  
15. Birthplace **DONT KNOW**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MATTIE PERRY**  
(b) Address **2451 MONTGALL KCMO**

17. (a) **BURIAL** (b) Date thereof **2-23-46**  
(Burial, entombment, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **HIGHLAND KCMO**

18. (a) Signature of funeral director **John + Green**

(b) Address **1819 E. 15th KCMO**

19. (a) **2-23-46** (b) **Aliaidine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **20** year **1946** hour **2** minutes **20** A.M.  
21. I hereby certify that I attended the deceased from **Feb 15** to **Feb 20**, 19**46**  
that I last saw him alive on **Feb 20**, 19**46**  
and that death occurred on the date and hour stated above

Immediate cause of death **Intractable hys - renal ulcer (non-perforating)** Duration

**gastroc resection P.O. shock Pulmonary emboli**

Due to **emboli**

Other conditions (Include pregnancy within 3 months of death) **11/15**

Major findings: Of operations **stated above**  
Of autopsy **no 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?

(e) Means of injury \_\_\_\_\_ (Specify type of place)

23. Signature **Paul J. Hunt** (M. D. or other) \_\_\_\_\_  
Address **1612 N. 1st St. Bery** Date signed **2-23-46**

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

4807

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.....

*W. G. Flynn*

Licensed Embalmer No..... *4383*

P. O. Address..... *1819 E. 15<sup>th</sup> KC 2*

**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.**