

S. No. 2
M-5-43
7. 5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27305
Registrar's No. 3356

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 2 days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City, Missouri Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 8115 Walnut
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME THOMAS JOSEPH PERRYMAN

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 1 1946
(Month) (Day) (Year)

8. AGE:		Years	Months	Days	If less than one day
		<u>0</u>	<u>0</u>	<u>2</u>	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3rd
year 1946 hour 11:05 AM minute 1 M.

21. I hereby certify that I attended the deceased from August 1st to August 3rd, 1946
that I last saw him alive on August 2nd, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1572

Major findings: _____

Of operations _____

Of autopsy See above

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Baby

11. Industry or business _____

MOTHER FATHER { 12. Name J. Bernard Perryman

{ 13. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Theresa Mae Murphy

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

16. (a) Informant J. Bernard Perryman

(b) Address 8115 Walnut, K.C. Mo

17. (a) Burial (b) Date thereof: Aug 5 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address 1800 Linwood Blvd, K.C. Mo

19. (a) 8-3-46 (b) Geraldine Holme
(Date received local registrar) (Registrar's signature)

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? 1

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature James P. Miller (M. D. or other) MD

Address 211 Central Date signed 8/3/46

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

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.....

C. Dean Cole

Registered Apprentice No. *408*

working under my personal supervision.

Signed.....

Russell M. Francis

Licensed Embalmer No. *21255*

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.