

FILED SEP 16 1946
42

Registration District No. _____ Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Burgess
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution MO. METHO. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 1 day years, months or days)

3. (a) PRINT FULL NAME

Rosa Perry

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female 5. Color or race negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Leonard Perry
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased: June 8 1887
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 27
If less than one day hr. _____ min. _____

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

10. Usual occupation House work

11. Industry or business Homemaker

12. Name Henry Sipton

13. Birthplace Little Rock Ark
(City, town, or county) (State or foreign country)

14. Maiden name Maria Alexander

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

16. (a) Informant Leonard Perry

(b) Address Atchison, Kans.

17. (a) Removal (b) Date thereof 9-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Atchison, Kans.

18. (a) Signature of funeral director J. J. Miles

(b) Address Atchison, Kans.

19. (a) Sept. 10, 1946 (b) J. J. Miles
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Atchison
(c) City or town Atchison
(If outside city or town limits, write "RURAL")
(d) Street No. 713 W. St.
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5
year 1946 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 5
1946, to Sept 5, 1946;
that I last saw her alive on Sept 5, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart
Due to hypertension
Due to _____

Other conditions 122A
(Include pregnancy within 3 months of death)

Major findings: umbilical hernia
Of operations umbilical hernia
Of autopsy acute dilatation of heart

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) (c) Means of injury _____

23. Signature J. Paul Foreman (M. D. or other) M.D.
Address 161 Foreman St. Date signed 9-5-46

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

MOTHER FATHER

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John T. Miles

Licensed Embalmer No. *3446*

P. O. Address *Atchison, Kans*

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.