No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33719

FILED OCT 28 1946

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 4337

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 Days. In this community unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 513 Main St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Harry L Perry
3. (b) If veteran, name war: None
3. (c) Social Security No.: unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March 4 1894 (Month) (Day) (Year)
8. AGE: Years 52 Months 7 Days 11 If less than one day hr. min.
9. Birthplace: Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Cook
11. Industry or business:
FATHER 12. Name: Thomas E Perry
FATHER 13. Birthplace: Mo (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Ann Rudkins
MOTHER 15. Birthplace: England (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs David Edward
(b) Address: Bosworth & Edward
17. (a) Removed (Burial, cremation, or removal) (b) Date thereof: Oct 16 46 (Month) (Day) (Year)
(c) Place: burial or cremation: Bevier Mo
18. (a) Signature of funeral director: Tassantino Bros
(b) Address: K C Mo
19. (a) 10-15-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 year 1946 hour 3 minute 47 A.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw him alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Deputy Coroner — Duration
Acute Pulmonary
Due to: Infarction - Right
Due to: Fracture Right Leg
Other conditions (Include pregnancy within 3 months of death): Auto Trauma
Major findings: Of operations: auto + pedestrian
Of autopsy: See Above

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): Accident
(b) Date of occurrence: 9-22-46
(c) Where did injury occur? Kansas City (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)
While at work? No (e) Means of injury: Trauma
23. Signature: A. E. Upsher (M.D.)
Address: 2800 Main Date signed: 10/18/46

(Licensed Embalmer's Statement on Reverse Side)

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 Dillon L. Tapley

Licensed Embalmer No. 4225

P. O. Address Indp. 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.