

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 11 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **1277**  
Registrar's No. **436**

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:  
**GENERAL HOSPITAL NO. 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **72 DAYS**  
(Specify whether  
In this community **25 years**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **MISSOURI** (b) County **JACKSON**  
(c) City or town **KANSAS CITY**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2411 CHESTNUT**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **HENRY PERRY**  
**3. (b) If veteran,** name war **no** **3. (c) Social Security** No. **no**

**4. Sex** **MALE** **5. Color or race** **NEGRO** **6. (a) Single, widowed, married,** **2 divorced, Wid.**  
**6. (b) Name of husband or wife** **unknown** **6. (c) Age of husband or wife if**  
**alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **APRIL 22, 1872**  
(Month) (Day) (Year)

**8. AGE:** Years **74** Months **9** Days **4** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

**10. Usual occupation** **LABORER**

**11. Industry or business** \_\_\_\_\_

**12. Name** **WILLIAM PERRY** **13. Birthplace** **UNKNOWN**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **CHARLOTTE ROBERTS** **15. Birthplace** **MISSISSIPPI**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **CALEB GATES (NEPHEW)**

**(b) Address** **730 GREELY-KANSAS CITY, KAS.**

**17. (a) Burial** **(b) Date thereof** **1-29-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Lincoln Cem.**

**18. (a) Signature of funeral director** **Adkins Bros.**

**(b) Address** **2000 E. 12th K. C. Mo.**  
**19. (a) 1-29-47** **(b) Geraldine Holmer**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **JANUARY** day **26,**  
year **1947** hour **7:** minute **05 P. M.**  
**21. I hereby certify that I attended the deceased from** **NOVEMBER**  
**15,** 19 **46** to **JANUARY 26,** 19 **47**  
that I last saw h. **IM** alive on **JANUARY 26,** 19 **47:**  
and that death occurred on the date and hour stated above.

Immediate cause of death **UREMIA** Duration \_\_\_\_\_  
Due to **ARTERIOSCLEROTIC NEPHRITIS**  
Due to **GENERALIZED ARTERIOSCLEROSIS**  
Other conditions **HYPERTENSIVE HEART DISEASE**  
**AND CACHEXIA**  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**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)  
(e) Means of injury \_\_\_\_\_  
**23. Signature** **E. D. Frank** (M. D. or other M. D.)  
Address **GENERAL HOSPITAL NO. 2** Date signed **1/27/47**

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

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**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 A.T. Moore

Licensed Embalmer No. 948

P. O. Address.....

**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.**