

Registration District No. **149**

Primary Registration District No. **1002**

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

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 **Lake Side Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **25 days**
(Specify whether years, months or days)
 In this community **25 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Henry W. Perry**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **none**

4. Sex **male**
 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Dorothy Perry**
 6. (c) Age of husband or wife if alive **37** years
 7. Birth date of deceased **November 29, 1902**
(Month) (Day) (Year)

8. AGE: Years **45** Months **2** Days **3**
 If less than one day hr. min.

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

10. Usual occupation **osteopathic physician**

11. Industry or business

12. Name **Henry J. Perry**

13. Birthplace **Texas**
(City, town, or county) (State or foreign country)

14. Maiden name **Eda Reiss**
(City, town, or county) (State or foreign country)

15. Birthplace **Texas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dorothy Perry**

(b) Address **Lathrop Missouri**

17. (a) **removal** (b) Date thereof **2-3-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lathrop, Mo.**

18. (a) Signature of funeral director **Melody-Mc Gilley-Eylar**

(b) Address **Kansas City, Mo.**

19. (a) **2-3-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **CLINTON** **25**
 (c) City or town **Lathrop** **2**
(If outside city or town limits, write "RURAL") **0**
 (d) Street No. **0**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No) **1**
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **2nd**.
 year **1948** hour **12** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Nov.**
 19 **47** to **Feb. 2**, 19 **48**
 that I last saw him alive on **Feb. 2**, 19 **48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Exhaustion**
of liver - metastatic
 Duration **about 3 1/2 days**

Due to **Melanoma Sarcoma**
of liver - metastatic

Due to **Melanoma Sarcoma**
of Rt. Eye **14 mo.**

Other conditions **none**
(Include pregnancy within 5 months of death)

Major findings: **Melanoma Sarcoma**
 Of operations **of liver - metastatic**

Of autopsy **none**
 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **G. J. ...** (M. D. or other)

Address **612 Chambers Bldg** Date signed **2/2/48**

MAR 2 1949

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.....
..... Licensed Embalmer No.....
..... 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.

10. Usual occupation OSTEOGENIC PHYSICIAN
11. Industry or business _____
- MOTHER FATHER { 12. Name Henry G. Perry
13. Birthplace Texas
(City, town, or county) (State or foreign country)
- MOTHER FATHER { 14. Maiden name Eda Reiss
15. Birthplace Texas
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Dorothy Perry
- (b) Address Lathrop, Mo.
17. (a) Removal (b) Date thereof 2-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: burial or cremation Lathrop, Mo.
18. (a) Signature of funeral director Mollie McMillin Tyler
- (b) Address Kansas City, Mo.
19. (a) 2-3-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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

Major findings: Melanoma Sarcoma
Of operations of liver
Of autopsy none

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?
- While at work? (Specify type of place) (e) Means of injury _____

23. Signature L. J. Simville, D.O. (M. D. or other) _____
Address 612 Chambers Bldg. Date signed 2/2/48
H.C. Mo.

(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.....

Harold L Walker, Registered Apprentice No. *21*

working under my personal supervision.

Signed.....

Russell N France

Licensed Embalmer No. *4255*

P. O. Address *R C 2nd*

5-5019-1942

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.