

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16083
Registrar's No. 1895

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2511 Charlotte Street		d. STREET ADDRESS (If rural, give location) 2511 Charlotte Street	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Denny c. (Last) PERKINS			4. DATE OF DEATH (Month) (Day) (Year) April 29, 1949		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1-7-79	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Days -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman (ret.)		10b. KIND OF BUSINESS OR INDUSTRY Milwaukee Railroad	11. BIRTHPLACE (State or foreign country) Iowa	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME John Perkins	13b. MOTHER'S MAIDEN NAME Hattie Carroll	14. NAME OF HUSBAND OR WIFE Mrs. Mary K. Perkins
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 496-16-3415	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary K. Perkins, 2511 Charlotte
---	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis of coronary		INTERVAL BETWEEN ONSET AND DEATH 2 3/4
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None		
	DUE TO (c) None		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			157X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-1**, 19**49**, to **4-29**, 19**49**, that I last saw the deceased alive on **4-29**, 19**49**, and that death occurred at **2:20 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Harvey L. Lloyd (Degree or title) Harvey L. Lloyd, M.D.	23b. ADDRESS 5129 Melville Blvd. Kansas City, Mo.	23c. DATE SIGNED 4-30-49
---	---	------------------------------------

24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-2-49	24c. NAME OF CEMETERY OR CREMATORY Mount St. Mary's	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. 4-30-49	REGISTRAR'S SIGNATURE Heraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mellody-McGilley-Eylar, Kansas City, Mo.
--	--	---

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

5138
H. Winkler
Permit
90.3326

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

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.