

FILED MAY 19 1949

STANDARD CERTIFICATE OF DEATH

State File No. **16084**

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

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1884	
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 (If outside corporate limits, write RURAL and give township) Kansas City				c. CITY (If outside corporate limits, write RURAL and give township) Lee's Summit, Mo.			
c. LENGTH OF STAY (in this place) 4-21-49				d. STREET ADDRESS (If rural, give location) R. # 2			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hosp.							
3. NAME OF DECEASED (Type or Print)		a. (First) Anna		b. (Middle) S. Perky		c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) 4-27 49		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	
8. DATE OF BIRTH Oct. 31, 1870		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.				13a. FATHER'S NAME Wm. Kolb			
13b. MOTHER'S MAIDEN NAME Anna S. Moore				14. NAME OF HUSBAND OR WIFE D. J. Perky			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Geo. Leinweber ADDRESS Lee's Summit, Mo.			
MEDICAL CERTIFICATION							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral thrombosis				INTERVAL BETWEEN ONSET AND DEATH 7 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUE TO (b) arteriosclerosis 15 yrs.	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) 332X	
		II. OTHER SIGNIFICANT CONDITIONS				DUE TO (c) diabetes mellitus	
Conditions contributing to the death but not related to the disease or condition causing death.							
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 4-21 , 19 49 , to 4-27 , 19 49 , that I last saw the deceased alive on 4-27 , 19 49 , and that death occurred at 4:45P. m. , from the causes and on the date stated above.							
23a. SIGNATURE P. L. Byers M. D. (Degree or title)				23b. ADDRESS 315 Alameda Rd.		23c. DATE SIGNED 4-28-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-30-49		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 4-29-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Stine & Mc Clure		ADDRESS K. 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.....

..... 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.

as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		rise to the above cause (a) starting the underlying cause last.		DUE TO (c)		332X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
		new record 5-5-49				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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-21</u> , 19 <u>49</u> , to <u>4-27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-27</u> , 19 <u>49</u> , and that death occurred at <u>4:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE		23b. ADDRESS		23c. DATE SIGNED			
P. L. Byers <i>P. L. Byers</i>		(Degree or title) M.D.		35 Blumens Rd. K.C. Mo.		4-28-49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial		4/30/49		Mt. Moriah		Kansas City, Mo.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
4-29-49		<i>M. Holmea</i>		STINE & McCLURE		Kansas City, Mo.	

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

1949
S-16084

Signed

Max E. Meyer

Licensed Embalmer No.

4555

P. O. Address

K. E. 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.