

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23583

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2095</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>thru</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>43 2421 Charlotte</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C. Gen. Hosp. No. 1</u>				d. STREET ADDRESS (If rural, give location) <u>43 2421 Charlotte</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Inf</u>			b. (Middle) _____		c. (Last) <u>Perry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 11 1949</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) <u>Single</u>		8. DATE OF BIRTH <u>5-11-49</u>	9. AGE (In years last birthday)	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) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Kansas City Gen. Hosp.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME _____			13b. MOTHER'S MAIDEN NAME <u>Ellen Elizabeth Perry</u>		14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Record Clerk Gen'l Hosp. No. 1</u> ADDRESS _____					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND 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. HOW DID INJURY OCCUR? _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		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 <u>5-11-</u> , 19 <u>49</u> , to <u>5-11-</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-11-49</u> , 19 <u> </u> , and that death occurred at <u>6:10 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm W. Hart MD</u> (Degree or title)				23b. ADDRESS <u>Med. Dir. K.C. Gen. Hosp</u>		23c. DATE SIGNED <u>5-12-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-7-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Municipal Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson MO</u>			
DATE REC'D BY LOCAL REG <u>7-9-49</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		GENERAL DIRECTOR'S SIGNATURE <u>M. A. Tolpelt</u>		ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Not Embalmed

working under my personal supervision.

Student Embalmer No.

Signed

Wm A. Roberts

Signed.....
Student Embalmer

Licensed Embalmer No.

3089

P. O. Address

SE 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.