

FILED OCT 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30534**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5368 Registrar's No. 360

1. PLACE OF DEATH a. COUNTY <u>JACKSON, Rural, Blue</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): <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 3728</u>	
c. LENGTH OF STAY (In this place) <u>56 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>5035 WARD PARKWAY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CRAWFORD'S HOME FOR ELDERLY WOMEN</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>HARDY 4240 HIGHWAY</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u>	b. (Middle) <u>BELLE</u>	c. (Last) <u>PERKINS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 25, 1951</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>APRIL 12, 1878</u>
9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>KINGSTON, OHIO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JOHN HEDGES</u>	13b. MOTHER'S MAIDEN NAME <u>MARY HYNES</u>	14. NAME OF HUSBAND OR WIFE <u>CLARENCE B. PERKINS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Leby Kornfeld, 5035 Ward Parkway</u>

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) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Wk</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility with</u> DUE TO (c) <u>Hypertension</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>444X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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

22. I hereby certify that I attended the deceased from Sept. 21, 1951, to Sept 25, 1951, that I last saw the deceased alive on Sept 25 1951, and that death occurred at 10:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree of title) / 23b. ADDRESS <u>Raytown Mo</u>	23c. DATE SIGNED <u>9-26-51</u>
24a. BURIAL CREMATION, REMSAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT. 29, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>
DATE REC'D BY LOCAL REG. <u>Sept. 28-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 4

OCT 7 REC'D

NOV 20 1951

2:38-5-

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Raymond R. Herman*  
Licensed Embalmer No. 1536  
P. O. Address K.C. Mo.

Signed.....  
Student Embalmer

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.