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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20701

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2318

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether

In this community 55 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Parkville (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Thomas Jefferson Perry

3. (b) If veteran, name war None

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, Married

6. (b) Name of husband or wife Nettie Perry

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August (Month) 29th (Day) 1864 (Year)

8. AGE: Years 75 Months 9 Days 5 If less than one day hr. min.

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

10. Usual occupation Laborer.

11. Industry or business Mill — Grain Mill

FATHER
12. Name Thomas Jefferson Perry.
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Lucinda Moore.
15. Birthplace Liberty (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs Nettie Perry.

(b) Address Parkville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 6 (Day) 400 (Year)

(c) Place: burial or cremation Parkville Mo

18. (a) Signature of funeral director Leland H Francis

(b) Address Parkville Mo.

19. (a) June 6, 1940 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 4-40 year hour minute 4 30 P. M.

21. I hereby certify that I attended the deceased from 5-26-40, 19, to 6-4-40, 19; that I last saw him alive on 6-4-40, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Confluent Bronchopneumonia

Due to Acute Purulent Bronchitis - 9 2 C

Due to Chronic Pt. Myocarditis

Other conditions Hyperlophy of Prostate (Include pregnancy within 3 months of death) Diphtheritis of Bladder

Major findings: Of operations

Of autopsy Above

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Russell W Fear (M. D. or other)

Address Kansas Date signed

(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 Yes

....., Registered Apprentice No. [redacted],

working under my personal supervision.

Signed Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville M

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, above space should be left blank.