

No. 2
1-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33956
3896
Registrar's No. _____

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson
(a) County _____
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: H.C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mo. & 18 days
(Specify whether years, months or days) 18 years 0

3. (a) PRINT FULL NAME Mazie Perkins
3. (b) If veteran, name war No
3. (c) Social Security No. No.

4. Sex Fe | 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myron Perkins
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Feb 22 1890
(Month) (Day) (Year)

8. AGE: Years 51 Months 0 Days 25
If less than one day hr. _____ min. _____

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

10. Usual occupation Home Maker

11. Industry or business None

12. Name W. A. Pryor

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Prudy Hall

15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Miss C. B. Ferguson
(b) Address Abila City Abila

17. (a) Removal (b) Date thereof Oct. 19 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Van Buren Mo.

18. (a) Signature of funeral director C. H. Blackman + Son Inc
(b) Address 2825 Andy Blvd N. P. Mo.

19. (a) 10/18/41 (b) M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1801 Brownell
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 17th
year 1941 hour 2 minute 00 A. M. / P. M.

21. I hereby certify that I attended the deceased from 7-29-41, 1941, to 10-17-41, 1941;
that I last saw her alive on 10-17-41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Previous left mastectomy for Carcinoma of Breast with purulent pericarditis and terminal Bronchopneumonia

Due to _____
Due to 50

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy See above

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Dwight P. Thorn (M. D. or other) 0
Address Med. Dir. K. P. Gen. Hospital Date signed _____

Duration
Underline the cause to which death should be charged statistically.

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

....., Registered Apprentice No.

working under my personal supervision.

Signed:

Victor L. Keshy

Licensed Embalmer No. *4225*

P. O. Address

Independence, 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.