

FILED FEB 3 1949

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 185

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 459 E 32
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 yrs (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Edward M. Perdue
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married; divorced Married
6. (b) Name of husband or wife Margaret E. Perdue 6. (c) Age of husband or wife if alive 98 years
7. Birth date of deceased Dec 4 1866 (Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Physician

11. Industry or business _____

MOTHER FATHER { 12. Name Mentor Perdue
13. Birthplace Pa (City, town, or county) _____ (State or foreign country)
14. Maiden name No Record
15. Birthplace no Record (City, town, or county) _____ (State or foreign country)

16. (a) Informant Margaret E. Perdue
(b) Address 459 E 32

17. (a) Cremation (b) Date thereof Jan 13 (Month) (Day) (Year)
(c) Place: burial or cremation Cremation - Elmwood

18. (a) Signature of funeral director Ann C. Foster
(b) Address 218 Brooklyn

19. Jan 13 1949 (Date received local registrar) J. S. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 459 E 32 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 11 year 1944 hour 2 minute PM

21. I hereby certify that I attended the deceased from Dec 2 - 1943 to Jan 11 - 1944; that I last saw him alive on Jan 11 - 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Paresis - Senile non-syphilitic
Duration 5 yrs

Other conditions: Hydrocele (Include pregnancy within months of death) 1 yr

Major findings: _____
Of operations _____
Of autopsy 1620

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 R. B. Bishop M.D. (Date signed) 1/12/49
Address 528 Ridge Blvd

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Ralph W. Rinnels

Licensed Embalmer No. 3860

P. O. Address Kansas City, 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.