

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3896

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:
(Home) 1800 Elmwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 55 years
years, months or days)

3. (a) PRINT FULL NAME Samuel A. Perry
3. (b) If veteran, name war. no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced. married
6. (b) Name of husband or wife. Meda Perry 6. (c) Age of husband or wife if alive. 71 years
7. Birth date of deceased Oct. 8th. 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 17 If less than one day
hr. _____ min. _____

9. Birthplace Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation Interior decorator

11. Industry or business _____
12. Name Robert Perry
13. Birthplace Ky. (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Meda Perry
(b) Address 1800 Elmwood, K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/44 (Month) (Day) (Year)
(c) Place: burial or cremation. Elmwood Cem.

18. (a) Signature of funeral director Earp Funeral Home
(b) Address 4139 E. 15th St. K.C. Mo.
19. (a) 9-27-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1800 Elmwood 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25th.
year 1944 hour 10 minute 15 P.M.
21. I hereby certify that I attended the deceased from 9-15
1944, to 9-25, 1944
that I last saw him alive on 9-25, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Sudden Pneumonia
Due to lethal accident hit
Due to lethality
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____ 108
Of autopsy _____
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 Esteyatt (M. D. or other)
Address 3850 Poyard Date signed _____

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

MOTHER FATHER

Dr. W. G. W. G. W. G.
W. G. W. G. W. G.
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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 *John B. [Signature]*
Licensed Embalmer No. *29155-*
P. O. Address.....

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.