S. No. 2
M—5-43
. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 22 1946

State File No. 13312

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1657

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

12218

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: SWOPE PARK RIDING ACADEMY
75TH & OLDHAM ROAD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 20 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 4 8

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 75TH & OLDHAM ROAD 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MR JOHN W PERKINS

3. (b) If veteran, name war No

3. (c) Social Security No. 492-18-0650

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of ~~husband or~~ wife MRS. NETTIE M PERKINS

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased NOVEMBER 6 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	4	29	hr. min.

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

10. Usual occupation FARMER

11. Industry or business ------

FATHER
12. Name SAMUEL P. PERKINS
13. Birthplace (City, town, or county) OHIO (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) unknown (State or foreign country)

16. (a) Informant C E Perkins
(b) Address 3505 Paseo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR-8-1946 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ MT. MORIAH CEMETERY

18. (a) Signature of funeral director D W Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD

19. (a) 4-8-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 5TH
year 1946 hour 4 minute 00 A.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner

Due to Acute Coronary Occlusion

Due to

Other conditions
(Include pregnancy within 3 months of death) 94a

Major findings:
Of operations

Of autopsy See 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 A. E. Usher (M. D. or other) MD

Address 2800 Main Date signed 4/5/46

(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.....

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

working under my personal supervision.

Signed Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.