

S. No. 2
43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2-29436
Registrar's No. 29436

Registration District No. 149

Primary Registration District No. 1002

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: General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days
22 years (Specify whether years, months or days)

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. 1321 Tracy 8
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PERDUE, ISAIAH (Iku)

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1946 hour 8:20 minute PM M.

4. Sex Male 2 5. Color or race Negro

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

6. (b) Name of husband or wife Justine Perdue

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

7. Birth date of deceased May 31, 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 28, 1946 to June 27, 1946;
that I last saw h im alive on June 27, 1946;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

49 0 26 hr. min.

Immediate cause of death Chronic Peritonitis
Atelectasis

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

Due to _____

Due to _____

10. Usual occupation Janitor

Other conditions Chronic Peritonitis
Atelectasis
(Include pregnancy within 3 months of death)

11. Industry or business Unemployed

12. Name James Perdue

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

14. Maiden name Lora Rowe

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

16. (a) Informant Emil Hartley

(b) Address 1514 Michigan

17. (a) Burial (b) Date thereof 7-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grincoly

18. (a) Signature of funeral director Brady Brown

(b) Address 1708 Tracy

19. (a) 7-1-46 (b) St Eladine Holmes
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy Chronic Peritonitis
Atelectasis

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 St Eladine Holmes (M. D. or other) M.D.

Address 600 E. 22nd St. Date signed 7/1/46

(Licensed Embalmer's Statement on Reverse Side)

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

48

193187

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 _____

Licensed Embalmer No. _____

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.

20446

20446