V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 13618

Registrar's No. 1957

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 No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mos. 23 days (Specify whether years, months or days)
In this community Unknown

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. 512 Woodland 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Louis Perriman

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Mo

5. Color or race W

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 62 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Invalid

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country) 9
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Elizabeth McMahon
(b) Address 512 Woodland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director C. H. Blackman & Son
(b) Address K. C. Mo

19. (a) 5-1-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1947 hour 8 minute 2 A. M.

21. I hereby certify that I attended the deceased from Nov. 7, 1946 to April 30, 1947 that I last saw him alive on April 30, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 0

Major findings:
Of operations

Of autopsy None

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) 0
While at work? (e) Means of injury

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 4-30-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Andrews

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 F. O. Blackmar

Licensed Embalmer No. 3639

P. O. Address Kiln

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.