

FILED SEP 4 1948
Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACOBSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1326 EAST 10th STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 40 YEARS
years, months or days (Specify whether)

3. (a) PRINT FULL NAME MR JOHN GROVER PERRINE

3. (b) If veteran, name war No
3. (c) Social Security No. 496-27-8230

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. BIRDIE K. PERRINE
6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased JANUARY - 14 - 1885
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 29
If less than one day hr. min.

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

10. Usual occupation AUDITOR

11. Industry or business WILSON PACKING CO.

12. Name LOUIS SAWYER PERRINE

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

14. Maiden name LABEL MARIE NORRIS

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

16. (a) Informant Mrs Birdie K. Perrine

(b) Address 1326 East 10th Street

17. (a) BURIAL (b) Date thereof AUGUST-16-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director O. N. Newcomer

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 8-16-48 (b) Geraldine Adams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACOBSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1326 EAST 10th STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 13th
year 1948 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from July 10
1948 to Aug 13 1948
that I last saw him alive on 13th Aug 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Hyperplasia pneumonia
Heart failure
Due to
Complication of
Lungs

Other conditions
(Include pregnancy within 3 months of death)
Major findings: 51-6
Of operations
Of autopsy

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 [Signature] (M. D. or other)
Address 314 Shickler Bldg Date signed Aug 14-48

MOTHER FATHER