

1 No. 2
-12-45
5-17-39
1 X47070

FILED JUN 1 1947

State File No. _____

Registration District No. 150

Primary Registration District No. 4239

Registrar's No. 88

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town Lees Summit
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
North Douglas (in Ambulance)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
years, months or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Rural - 7 mi SW of Lees Summit
(If outside city or town limits, write "RURAL")

(d) Street No. Priner Trp.
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME Frances Elizabeth Perne

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife John Perne

6. (c) Age of husband or wife if alive 34 years

Birth date of deceased: Nov 11 - 1914
(Month) (Day) (Year)

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

30 6 17 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name S. F. Taylor

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

14. Maiden name Clara C. Spooner

15. Birthplace Lees Summit Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John Perne

(b) Address Lees Summit Mo

17. (a) Burial (b) Date thereof 5-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit Mo

18. (a) Signature of funeral director W. B. Langford

(b) Address Lees Summit Mo

19. (a) MAY 31, 1947 (b) Small C. Earnshaw
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1947 hour 14:15 minute P. M.

21. I hereby certify that I attended the deceased from May 21, 1947 to May 28, 1947
that I last saw her alive on May 28, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage, Post Partum, following Birth of full term pregnancy, due to premature separation of Placenta

Due to _____

Due to _____

Duration 1 day

Other conditions: 146 C
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Clint L. Miller (M. D. or other) MD

Address Lees Summit Mo Date signed 5/30/47

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

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 W. B. Langsford
Licensed Embalmer No. 3233
P. O. Address 215 Summit St

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.