

REC'D FEB 20 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1324

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kear Primary Registration District No. 1902 Registered No. 337
 (c) City Kansas City (d) Street No. Memorial Hospital St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 500 Frances Lee Lanne
1410 West 50th Kansas City (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25-1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 Child

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Missouri

FATHER 13. NAME Leo Lanne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Missouri

MOTHER 15. MAIDEN NAME Frances M. Donnell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ellsworth, Kansas

17. INFORMANT (ADDRESS) Leo Lanne
1410 East 50th St. Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Church Jan 26 1939

19. FUNERAL DIRECTOR (ADDRESS) George H. Carson
Independence, Mo.

20. FILED Jan 26 1939 M. M. Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1939 to Jan 25 1939
 last saw her alive on Jan 25 1939 Death is said to have occurred on the date stated above, at 11:12 m.

The principal cause of death and related causes of importance were as follows:

premature
5 months 1590
wt 112 lb

Other contributory causes of importance:

placenta previa

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury cause of death

Nature of injury premature

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) M. M. Brown, M. D.

(Address) 206 1/2 East 50th

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)