

SEP 16 1940
Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 211

18
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
213 S. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 12 years
years, months or days)

3. (a) PRINT FULL NAME Laura M. Perdee
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James Wood Perdee 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 6 1 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____
12. Name Captain Leslie T. Smith
13. Birthplace Richmond Va
(City, town, or county) (State or foreign country)
14. Maiden name Mary Davis
15. Birthplace Boonville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Perdee Davis
(b) Address 213 So Main Indef, Mo

17. (a) Burial (b) Date thereof Aug 22-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Washington

18. (a) Signature of funeral director Off + Mitchell
(b) Address Independence Mo

19. (a) Aug 22/40 (b) F. L. Cook
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 213 S. Main
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20
year 1940 hour 12 minute a. m.

21. I hereby certify that I attended the deceased from June 14, 1931, to Aug 20, 1940
that I last saw her alive on Aug 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma Duration _____
meninges

Due to Carcinoma both breasts

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Carcinoma of both breasts
Of operations: Operated - breast removed
June 12, 1937 - and May 11, 1938
Autopsy - Metastasis in both lungs
Right lung collapsed & effusion
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? _____

360
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. Allen (M. D. or other) Med
Address Independence, Mo Date signed Aug 21-40

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Henry D Mitchell
Licensed Embalmer No. 3925
P. O. Address Indy Mo.

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, above space should be left blank.