

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16101**
1915

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KCTB HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>3421 Roberts</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCINE</u> b. (Middle) <u>Eva</u> c. (Last) <u>PEYERGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-30-49</u>		
5. SEX <u>FR /</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	
8. DATE OF BIRTH <u>Feb 25, 1905</u>		9. AGE (In years last birthday) <u>44</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days <u>5</u> IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TELEPHONE OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Central Mottell</u>		11. BIRTHPLACE (State or foreign country) <u>LEXINGTON, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>PEYERGER, EDWARD</u>		13b. MOTHER'S MAIDEN NAME <u>Childs, BONNIE JESSIE</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>KCTB HOSPITAL</u>		ADDRESS <u>K. C. Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>PULMONARY TUBERCULOSIS</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>PULMONARY TUBERCULOSIS</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>002K</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10-20</u> , 19 <u>48</u> , to <u>4-30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-30</u> , 19 <u>49</u> , and that death occurred at <u>1:55</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>G. K. Landis, M.D.</u>		23b. ADDRESS <u>K. C. P. B. Hosp.</u>		23c. DATE SIGNED <u>5-2-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mapleleaf Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Lexington Mo</u>		24e. LOCATION (City, town, or county) (State) <u>5-2-49</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Blackman & Son</u>	
DATE REC'D BY LOCAL REG. <u>5-2-49</u>		REGISTRAR'S SIGNATURE <u>A. H. Holmes</u>		ADDRESS <u>R. P. M. W.</u>	

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. D. Blackman

Licensed Embalmer No. 3639

P. O. Address K C 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, fact should be so stated above.