

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

14362
 Do not use this space.

REC'D MAY 17 1938

1. PLACE OF DEATH *Clay* 2
 (a) County *Clay* Registration District No. *198*
 (b) Township *St. Lukes* Primary Registration District No. *3011*
 (c) City *Excelsior Springs* Street No. _____ 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 *John Milton Piercy* *620*
 (a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Gertie Piercy*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *12 - 18 - 1865*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 3 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Labour*
 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) *Mo.* 0
 FATHER 13. NAME *Jess Piercy* 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.* 0
 MOTHER 15. MAIDEN NAME *Rodie Duncanson*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*
 17. INFORMANT (ADDRESS) *Mrs Gertie Piercy*
Excelsior Springs Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Crown Hill City* DATE *4/14* 1938
 19. FUNERAL DIRECTOR (ADDRESS) *John C. Prother*
Excelsior Springs Mo.
 20. FILED *Apr 14*, 1938 *Rosale M. McArdle*
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 13*, 1938
 22. I HEREBY CERTIFY, That I attended deceased from *May 14*, 1936, to *April 13*, 1938
 I last saw him alive on *April 11*, 1938. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Myocardial degeneration Date of onset _____
causing acute dilatation
myocardial degeneration
930 - few months
acute dilatation
 Other contributory causes of importance:
Gen Arteriosclerosis
few yrs
 Name of operation *no* Date of _____
 What test confirmed diagnosis? *chance* Was there an autopsy? *no*
 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 _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify _____
 (Signed) *G. D. Cranen*, M. D.
 (Address) *Excelsior Spg Mo*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER .

I, John C. Prather , Licensed Embalmer No. 462
hereby certify that the body recorded on the reverse side of this certificate was embalmed by James Miles
..... L. E.
No. 3296 , or by , Registered Apprentice No.
working under my personal supervision.

Signed John C. Prather
Licensed Embalmer No. 462.

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.)