

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

14010
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399
 (b) Township Kaw 0 Primary Registration District No. 1002 Registered No. 1722
 (c) City Kansas City (d) Street No. 4004 Warwick Blvd St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

Ms Corda Piere Wilson
 (a) Residence, No. 4004 Warwick Blvd. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22-1866
 7. AGE YEARS 73 MONTHS 11 Days 0 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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)

Carroll Co. Mo.

FATHER 13. NAME

William H. Piere

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Carroll Co. Mo.

MOTHER 15. MAIDEN NAME

Albionda Hudson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Carroll Co. Mo.

17. INFORMANT (ADDRESS)

Mrs Jess Dugger
4004 Warwick Blvd, KC, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

St. Mary's Hosp. DATE 4-24-1940
Richmond Mo. A. W. Mansur
Richmond Mo.
M. M. Crowe
Local Registrar.

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

M. M. Crowe

20. FILED April 22 19 40

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22-1940

22. I HEREBY CERTIFY, That I attended deceased from 4-22-5:00 1940, to 4-22-8:00 1940

I last saw her alive on 4-22-1940 Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Coronary occlusion
Chronic myocarditis
 Date of onset 4-22-40

Other contributory causes of importance: Chronic myocarditis

Name of operation None Date of None

What test confirmed diagnosis? None 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) W. Wallace L. ... M. D.

(Address) 522 Prof Bldg, Kansas City, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 15 1940

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 _____

Licensed Embalmer No. 1317

P. O. Address Richmond, 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.