

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17662**
Registrar's No. **2189**

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no 7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community 2 mo (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Pierce 620
8. (b) If veteran, name war no 8. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Ben Pierce 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased May-26-1861
(Month) (Day) (Year)

8. AGE: Years 79 Months no Days 1 If less than one day hr. ✓ min. ✓

9. Birthplace Stearns Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business None

12. Name John Wesley

13. Birthplace Stearns Mo
(City, town, or county) (State or foreign country)

14. Maiden name Martha Morton

15. Birthplace Stearns Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edward E. Pierce

(b) Address 509 So. Lawndale

17. (a) Burial (b) Date thereof 5-29-40
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place of burial or cremation Stearns Mo, P. Loh Cem

18. (a) Signature of funeral director A. P. Doehner

(b) Address 1415 East 15

19. (a) May 28, 1940 (b) M. M. Crowl
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 509 So. Lawndale
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1940 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from 4/4/40
1940, to 5/27, 1940;
that I last saw her alive on 5/27/40 11 am, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Due to Coronary disease

Due to Coronary disease

Other conditions mitral stenosis
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

22. 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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury None

23. Signature D. B. Crowl (M. D. or other)
Address 1103 Grand K.C. Mo Date signed 5/28/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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.

Office VI - 2200 Professional of 05/14
Rea. HI - 8222

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 *J P Doshler*

Licensed Embalmer No. 1166

P. O. Address 1415 E 15

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.