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13-40
7-39
X23159

FILED SEP 5 1940
Registration District No. 999

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town 15 Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community Non-Resident
years, months or days) 11/2

3. (a) PRINT FULLNAME PIERCY ADELINE CHARK

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Frank Pierce Clark 6. (c) Age of husband or wife if alive X 25 1866

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name John Papejay

13. Birthplace United States
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Brady

15. Birthplace United States
(City, town, or county) (State or foreign country)

16. (a) Informant Harrison, Mo

(b) Address Mrs. Lillie Harrison

17. (a) Removal + Burial (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riffe Cemetery

18. (a) Signature of funeral director Tibson & Son

(b) Address Orwick, Mo

19. (a) 8/28/40 (b) M.M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28 year 1940 hour 4:15 min. P M.

21. I hereby certify that I attended the deceased from Aug 24-40 to Aug 28-40 that I last saw her alive on Aug 28 and that death occurred on the date and hour stated above.

Immediate cause of death (1) Fractured femur
(2) Abscess of lower lobe lung with pulmonary edema
Due to (3) Pelvic peritonitis - following perforation of caecum, from a South-Western gun which was repaired surgically.
Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings: Of operations as above
Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) fell at home
(b) Date of occurrence Aug 24-40
(c) Where did injury occur? Orwick, Ray, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

(Specify type of place) While at work? Lawrence (e) Means of injury Fall on floor

23. Signature Vincent Williams (M. D. or other) M.D.
Address 736 W. 13th St Date signed Aug 28-40

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

MOTHER FATHER

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... *Edward J. Gibson*.....

Licensed Embalmer No. *4137*.....

P. O. Address *Quirk, 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.