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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 11 1940

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **830932**
3495
Registrar's No. _____

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3535 Pennsylvania Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **4** years
(Specify whether years, months or days)
In this community **4** years

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3535 Pennsylvania Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **5th**
year **1940** hour **11** minute **P.** M.
21. I hereby certify that I attended the deceased from **Jan. 5, 1940**
to **Sept. 5, 1940**, 19____.
that I last saw him alive on **July 25**, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death: **Neuroblastoma of left adrenal gland.**
Due to **Malignant (51)**

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations **(2-26-40) Tumor of adrenal gland.**
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury **1**
23. Signature **E. L. Glasscock** (M. D. certifier)
Address **1306 Prof. Bldg.** Date signed **9-6-40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME

James Edward Piper

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **February 14 1936**
(Month) (Day) (Year)

8. AGE: Years **4** Months **6** Days **20** If less than one day hr. _____ min. _____

9. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business _____

12. Name **Ernest A. Piper**

13. Birthplace **Pardee Kansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Helen E. Taylor**

15. Birthplace **Table Rock Nebraska**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ernest A. Piper**

(b) Address **3535 Pennsylvania Avenue**

17. (a) **Burial** (b) Date thereof **9-9-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **W. H. Newcomer Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **Sept. 6, 1940** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

11-11-45, 6-4:38

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 Kenneth Page Dyer
Licensed Embalmer No. 12125
P. O. Address 1309 Brook Creek Rd

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.