

SEP OCT 11 1940

STANDARD CERTIFICATE OF DEATH

State File No. **30975**
Registrar's No. **3538**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town R. E.
(c) Name of hospital or institution St. Mary's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Clara M. Pierce

8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Edward E. Pierce 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased May - 25 - 1881 (Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation St. wife

11. Industry or business 0

MOTHER FATHER { 12. Name Chas Deardoff 0

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

14. Maiden name Clara (State or foreign country)

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

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

(b) Address 509 So Linn

17. (a) buried (b) Date thereof Apr 10 - 46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cathage Mo

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

(b) Address 1415 E. 15

19. (a) Sept. 9, 1940 (b) M. M. Brown (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9 year 1940 hour 8 minute 10 M.

21. I hereby certify that I attended the deceased from 11/21/36, 1936, to 9/9/40, 1940; that I last saw her alive on 9/8/40, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema & heart failure

Due to old Cardi-renal disease

Other conditions 9/5/40 (Includes pregnancy within 3 months of death)

Major findings: Of operations 0

Of autopsy 0

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 J. H. ... M.D. (M. D. or other) MD

Address 1102 Grand K.C. Mo Date signed 9/9/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

WHILE PLAINLY USE UNFADING BLACK INK—MAKE 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.

1 21951

Miss Clara M. Pierce

APR 7 1963

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 *A. P. Doshier*

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.