

No. 2-
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7-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20809**

FILED **JUL 15 1944**
Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **2817**

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:
2925 FLORA AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community **57 YEARS** (Specify whether years, months or days)

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. **2925 FLORA AVENUE**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MR. LAWRENCE DANIEL PIKE**

3. (b) If veteran, name war **WORLD WAR I**

3. (c) Social Security No. **500-073359**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **5** TH year **1944** hour **6** AM **00 A.M.**

21. I hereby certify that I attended the deceased from **7/20/44** 19____ to **July 144** 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MRS. EVELYN A. PIKE**

6. (c) Age of husband or wife if alive **32** years

7. Birth date of deceased **JUNE 26 1887**
(Month) (Day) (Year)

Immediate cause of death:
Coronary Heart Disease
Arterial Hypertension

Duration: **Possibly one year**

8. AGE: Years **57** Months **0** Days **9** If less than one day hr. _____ min. _____

Due to: **Myocarditis following Hypertension**

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

9. Birthplace **KANSAS CITY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **CIVIL ENGINEER**

Due to: **Myocarditis following Hypertension**

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

11. Industry or business _____

12. Name **DANIEL WEBSTER PIKE**

13. Birthplace **NEW HAMPSHIRE**
(City, town, or county) (State or foreign country)

14. Maiden name **SARAH J. JENKINS**

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

Major findings:
Of operations **g4a**

Of autopsy _____

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

16. (a) Informant **Mrs. Evelyn A. Pike**

(b) Address **2925 Flora**

17. (a) **BURIAL** (b) Date thereof **7-8-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FOREST HILL CEM.**

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

(b) Address **1401 BRUSH GREEN BLDG.**

19. (a) **7-6-44** (b) **D. C. Brown**
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature **John H. Ogden M.D.** (a) or other _____
Address **730 Prof Bldg** Date **July 5/44**

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

AUG 18 1944

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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 *R. C. Moore*

Licensed Embalmer No. *4043*

P. O. Address *R. C. Moore*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.