

FILED OCT 9 1944
199

Primary Registration District No. 1002

Registrar's No. 3882

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

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:
2430 Wabash
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 35 Years _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Ethel Warfield Pierson

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced, Separated

6. (b) Name of husband or wife M. Pierson

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

7. Birth date of deceased January 31, 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

40 7 123 hr. min.

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

10. Usual occupation Registered Nurse

11. Industry or business _____

12. Name Stephen Hawkins

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

14. Maiden name Dora Favors

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

16. (a) Informant Mrs. Dora Hawkins

(b) Address 2430 Wabash

17. (a) Burial (b) Date thereof 9/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Stephen Hawkins

(b) Address 1729 Lydia Avenue

19. (a) 9-26-44 (b) P. C. Brown
(Date received local registrar) (Registrar's signature)

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. 2430 Wabash
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24 Sunday
year 1944 hour 7:13 minute _____ P. M.

21. I hereby certify that I attended the deceased from July
_____ 1944 to Sept 24 1944
that I last saw her alive on Sept 24
and that death occurred on the date and hour stated above

Immediate cause of death Septicemia
due to influenza

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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) _____

(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)
(c) Means of injury _____

23. Signature J. M. Walden (M. D. or other)
Address 125 E. Broad St. Date signed 9-25-44

J.M. Walden
18th Street.

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. Manlove

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.