

No. 2
M-5-43
v. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9613
State File No. _____
Registrar's No. 1375

FILED APR 2 1946

Registration District No. 147 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County... Jackson
(b) City or town... Kansas City
(c) Name of hospital or institution:
Research Hospital
(d) Length of stay: In hospital or institution 12 1/2 Days
In this community... 43 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State... Missouri (b) County... Jackson Co
(c) City or town... Mayview
(d) Street No. 0
(e) Citizen of foreign country? 0

3. (a) PRINT FULL NAME Herritt Allie Pierce
(b) If veteran, name war none
(c) Social Security No. 487-05-3510

20. DATE OF DEATH: Month March day 21
year 1946 hour 3 minute 25 P. M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rutha May Pierce
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased June 7 1896

21. I hereby certify that I attended the deceased from March 10 1946 to March 21 1946
that I last saw him alive on March 21 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 49 Months 9 Days 14 If less than one day hr. min.

Immediate cause of death Acute Coronary Thrombosis Duration 12 Days

9. Birthplace Walla Walla Valley Calif.

Due to 520

10. Usual occupation Tinner

Other conditions Coronary Arteriosclerosis
Hypernephroma of left kidney

11. Industry or business Whalen Brothers

Major findings: None

12. Name Simpson-Pierce

13. Birthplace Oregon

14. Maiden name Mary Nickels

15. Birthplace Kansas

16. (a) Informant Miss Katha M. Luvie

17. (a) Burial (b) Date thereof March 23 1946

(c) Place: burial or cremation Wyle Hill R.C.C.

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olathe Blvd. K.C.K.

19. (a) 3-22-46 (b) Thereldine Holmes

Of autopsy Same as above.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Paul R. Ferris (M. D. or other) _____
Address 934 Argyle Bldg March 21

(Licensed Embalmer's Statement on Reverse Side) Kansas City, Mo 1946

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

8539

96
57
3651

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 *W Ross Bradford*
Licensed Embalmer No. 4015
P. O. Address 41 + State Line

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.