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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **4887**

Registration District No. 149

Primary Registration District No. 1002

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: MENORAH HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-DAYS (Specify whether)

In this community 54 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County JOHNSON ⁹⁹⁹

(c) City or town KANSAS CITY ¹⁴
(If outside city or town limits, write "RURAL")

(d) Street No. 1425 WEST 59TH STREET ⁰
(If rural, give location) ²¹

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME MR. WILLIAM ALLEN PIRNIE, SR.

3. (b) If veteran, name war WORLD WART

3. (c) Social Security No. 187-10-1684

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20 TH
year 1946 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from 10 -
30, 1946 to 11 - 20, 1946.
that I last saw inattentive on 11 - 20, 1946.
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.

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased AUGUST 25 1892
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 3 days

Due to Septicemia year year

8. AGE: Years 54 Months 2 Days 25 ⁴ hr. _____ min.

Due to _____

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

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

10. Usual occupation RETIRED - 5 YEARS - EMPLOYEE

Major findings: 830

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business PECK-WOLFF SANDY MATERIAL CO.

12. Name PETER PIRNIE

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

14. Maiden name JANET WHITE

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

22. If death was due to external causes, fill in the following:

(c) 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? _____ (c) Means of injury _____

23. Signature G. Soper (M. D. or other) _____
Address 1406 Bryan Bldg. Date signed 11/21/46

16. (a) Informant Mrs. Louise Pirnie

(b) Address 1425 W. 59th St. Kansas

17. (a) BURIAL (b) Date thereof Nov 21 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

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

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 11-21-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

11-3

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 *Melvin Miller*
Licensed Embalmer No. *4407*
P. O. Address *Kansas City, Mo*

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.