DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40786

Primary Registration District No. 1002

Registrar's No. 5372

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: St Luke's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs. (Specify whether years, months or days)

In this community 6 hrs.

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.: 5437 E. 15th
(If rural, give location)

(e) Citizen of foreign country: no (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: INFANT John Robert Pierron

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: wh

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife:

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

7. Birth date of deceased: 12 (Month) 22 (Day) 46 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 6 hr. min.

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

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: John Pierron
13. Birthplace: Kansas City Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Maxine L. Pigott
15. Birthplace: Wichita Kans (City, town, or county) (State or foreign country)

16. (a) Informant: John Pierron
(b) Address: 5437 E 11

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Calvary

18. (a) Signature of funeral director: John P. Shull
(b) Address: Kansas City Mo.

19. (a) 12-23-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23 year 1946 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from 12-22, 1946 to 12-23, 1946, that I last saw h. alive on 12-23, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Incomplete Pulmonary Expansion Chrs — Duration

Due to: Prematurity

Due to: Pulmonary Edema

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

Major findings:
Of operations: 159

Of autopsy: Yes.

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) (e) Means of injury:

23. Signature: (M. D. or other)

Address: Date signed 12/23/46

(Licensed Embalmer's Statement on Reverse Side)

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

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 John P Shiel

Licensed Embalmer No. 3625

P. O. Address 56 Mo.

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

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