

FILED MAR 25 1947  
199

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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: General Hospital #1 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 hrs.  
(Specify whether  
In this community 19 mo.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5734 E 11th St. 8  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANNETTE MARIE PIERRON

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Fem / 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 7/23/45  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 7 18 hr. min.

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

10. Usual occupation infant

11. Industry or business infant

12. Name John Pierron 0

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

14. Maiden name Maxine Pigott Pierron

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

16. (a) Informant Dr. Hohn Pierron

(b) Address 5437 E 11th St.

17. (a) Burial (b) Date thereof 3/13/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director John P. Sheil

(b) Address K. C. Mo.

19. (a) 3-13-47 Gerardine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 11  
year 1947 hour 2:30 minute 0 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death aspirin poisoning

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy no  
History & Inspection

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

(a) Accident, suicide, or homicide (specify) accident, 23

(b) Date of occurrence 3-10-47

(c) Where did injury occur? 1100 Jackson Ave  
(City or town) (County) (State)

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

While at work? no (Specify type of place) (e) Means of injury aspirin

23. Signature Gerardine Holmes (M. D. or other) Cor

Address 1424 2nd St Date signed 3-12-47

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

MOTHER FATHER

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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.....

*John P. Shield*

Licensed Embalmer No. *3625*

P. O. Address *156 md*

**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.**