FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 27 1948

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28950

Primary Registration District No. 1000

Registrar's No. 982

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sisters Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)

In this community: 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Doniphan

(c) City or town: Highland (If outside city or town limits, write "RURAL")

(d) Street No.: Highland, Kansas (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Miss Ora Pierce

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

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: August (Month) 10 (Day) 1875 (Year)

8. AGE: Years 73 Months 1 Days 4 If less than one day: hr. min.

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

10. Usual occupation: At home

11. Industry or business: At home

FATHER 12. Name: Jacob T. Pierce

13. Birthplace: Coshocken County Ohio (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Eliza Tracy

15. Birthplace: Andrew County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. J. B. Nuzun

(b) Address: Highland, Kansas.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9/15/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Highland, Kansas.

18. (a) Signature of funeral director: Heaton-Bowman

(b) Address: St. Joseph, Mo.

19. (a) 9-20-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14 year 1948 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from Sept 14, 1948 to Sept 14, 1948 that I last saw him alive on Sept 14, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal Obstruction	5 days
Due to: Prob. Carcinoma of intestine	?
Due to: Peritonitis	2 days
Other conditions (include pregnancy within 3 months of death): Several days care previous	
Major findings of operation:	
Of autopsy:	

Death by H. L. Bradford, M.D. Highland, Kansas

PHYSICIAN — Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: C. F. Grant (M. D. or other) MD

Address: St. Joseph, Mo. Date signed: 9-15-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Eugene Wood

Licensed Embalmer No. 5804

P. O. Address 319 So 10th, St. Joseph, M

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.