

FILED SEP 2 1950

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3376</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>12 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1608 Admiral Blvd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>RAY</u>		b. (Middle) <u>MARTIN</u>		c. (Last) <u>PIERCE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 4 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 25 1896</u>		9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Switchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Southern Ry.</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John William Pierce</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Ray</u>		14. NAME OF HUSBAND OR WIFE <u>Frances L. Pierce</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>World War No. 1- 487-16-6377</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frances L. Pierce-1608 Admiral Kas. City, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bleeding gastric ulcer with massive gastro-intestinal hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>54⁵⁰</u>	
		MEDICAL CERTIFICATION ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
		DUE TO (b) <u>1. Parenchymatous degeneration of the liver</u>					
		DUE TO (c) <u>2. Residual abdomino-perineal resection</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>for carcinoma of the large intestine</u> <u>Adenocarcinoma of the rectum</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 16, 1950</u> , to <u>Aug. 4, 1950</u> , that I last saw the deceased <u>alive on Aug. 4, 1950</u> , and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W.C. Schaeffer</u>				23b. ADDRESS <u>M.D. 1210 Professional Building</u>		23c. DATE SIGNED <u>8-5-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug. 7 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Mt Vernon, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-8-50</u>		REGISTRAR'S SIGNATURE <u>Staldin Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs C.L. Forster</u>			
				ADDRESS <u>918 Brooklyn Kas. City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1210

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. W. H. H. H. H. H.

Signed.....
Student Embalmer

Licensed Embalmer No. 35-99

P. O. Address 918 Brooklyn, N.C.

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.