

REC'D SEP 13 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

27834

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 359  
(b) Township Rau Primary Registration District No. 100  
(c) City Kane City (d) Street No. 703 East 48<sup>th</sup> St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 3145

## 2. PRINT FULL NAME

Jerrie A Pierce 620  
(a) Residence, No. 703 E. 48<sup>th</sup> St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James W. Pierce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31, 1862

7. AGE YEARS MONTHS DAYS 75 11 4 If LESS than 1 day, .....hra. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Marion14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Pauline Flavel16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) James W Pierce  
703 E. 48<sup>th</sup>18. BURIAL, CREMATION, OR REMOVAL PLACE Grayer mo DATE Aug 7, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Carroll Dawson  
3024 Troost20. FILED Aug 7, 1938 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 4, 193822. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1937, to Aug. 4, 1938I last saw her alive on Aug. 2, 1938 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cancer of Liver

Date of onset

Other contributory causes of importance:

Chronic MyocarditisName of operation ✓ Date of \_\_\_\_\_What test confirmed diagnosis clinical & physical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? 3

If so, specify \_\_\_\_\_

(Signed) Arthur B. Boyer, D.O. M. D.(Address) 1102 E. 47<sup>th</sup> St. K. C. Mo

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**