

REC'D, JAN 1 3 1939

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

41764
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Haw Primary Registration District No. 129 Registered No. 4830
 (c) City Jackson City (d) Street No. General Hospital 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.

2. PRINT FULL NAME Louise Anderson Lee Pierce
 (a) Residence, No. 3714 State Line St. K. C. Kans
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX W 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 50

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 50 X X

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as saw mill, bank, etc. Labor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-9-38 1938

22. I HEREBY CERTIFY That I attended deceased from 12-9-38 to 12-9-38, 1938.
 I last saw him/her alive on 9-4-38 Death is said to have occurred on the date stated above, at 9:48 A.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach
Internal hemorrhage
Acute dilatation of the heart
 Other contributory causes of importance: Hb

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

FATHER 13. NAME B. F. Pierce
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Martha Wright
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) B. F. Pierce
3714 State Line

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 12-12-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. J. Ingram
522

20. FILED Dec 11 1938 M. M. Crowe
 Local Registrar.

Name of operation _____ Date of _____
 What first confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1938
 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?
 If so, specify _____

(Signed) Genl Wray; H. P. Mo. M. D.
 (Address) _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.