DEC. OCT 13 1939

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

31525
Do not use this space.

1. PLACE OF DEATH
(a) County JACKSON | Registration District No. 399
(b) Township KAW | Primary Registration District No. 1002 Registered No. 3623
(c) City KANSAS CITY (d) Street No. MENORAH 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 626 DONA MARIE PIERCE
(a) Residence, No. 3932 PARK St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER-16-1939
7. AGE YEARS — MONTHS — DAYS — If LESS than 1 day, 5 hrs. or 2 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. INFANT
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) KANSAS CITY MISSOURI

FATHER
13. NAME DONALD V. PIERCE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS CITY MISSOURI

MOTHER
15. MAIDEN NAME GOLDIE MARIE RUESS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MISSOURI

17. INFORMANT (ADDRESS) MRS. MAYMIE PIERCE 3932-PARK
18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASHINGTON DATE SEPT-16 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. NEWCOMER'S SONS 1401-BRUSH CREEK BLVD.
20. FILED 9/16 1939 M. M. Crowe Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER-16, 1939
22. I HEREBY CERTIFY, That I attended deceased from 9/16/39, 19..., to 9/16/39, 19...
I last saw her alive on 9/16/39, 19... Death is said to have occurred on the date stated above, at 4:20A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| Aspiration pneumonia | |
| 159 | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. 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? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) 1420 Brush Blvd.

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2. 50M-1-12-38 I X14023

Dr. Morrett Mooney

**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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address Kansas City, Mo.

**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.**