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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30821**
Registrar's No. **3578**

Registration District No. **329**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **Conley Clinic Hospital**
(d) Length of stay: In hospital or institution **45 Days**
In this community **45 Years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **2901 Olive A**
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Nellie I. Pearce**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Harry M. Pearce** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **January 24th, 1879**

8. AGE: Years **62** Months **7** Days **29** If less than one day hr. min.

9. Birthplace **Brandon Nebraska**

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **John S. Bowder**

13. Birthplace **Iowa**

14. Maiden name **Lavina Romig**

15. Birthplace **Wisconsin**

16. (a) Informant **Harry M. Pearce**

(b) Address **2901 Olive**

17. (a) **Burial** (b) Date thereof **9-25-1941**

(c) Place: burial or cremation **Mt. Washington Cemetery**

18. (a) Signature of funeral director **Mrs. C.L. Forster**

(b) Address **K.C. Mo.**

19. (a) **9/25/41** (b) **M. M. Crow**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **23** year **1941** hour **12** minute **55 P** M.

21. I hereby certify that I attended the deceased from **Jan 16**, 1941, to **Sept 23**, 1941 that I last saw him alive on **Sept 23**, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of uterus metastatic**

Due to _____
Due to _____

Other conditions **KD**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **yes. Widespread metastases in pelvis**

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature **John S. Henery** (M. D. or other) **MD**

Address **619 Bayfield** Date signed **Sept 23**

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 me

....., Registered Apprentice No.

working under my personal supervision. ✓

Signed

J. Clair Shippard

Licensed Embalmer No. 4179

P. O. Address J. C. No.

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.