

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1942
Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No.

Registrar's No. 2566

1. PLACE OF DEATH:

(a) County. Jackson

(b) City or town. Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2328 Monroe
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 54 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson

(c) City or town. Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2328 Monroe (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mrs. Augusta M. Pierce

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Weston A. Pierce

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 4, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 6 0 hr. min.

9. Birthplace Des Moines Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Frederich Schmid

13. Birthplace Alsace-Lorraine
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Marter

15. Birthplace Waldshut, Baden Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Golt, F. Marie

(b) Address 2328 Monroe Ave., Kansas City, Mo.

17. (a) Burial (b) Date thereof July 7, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation Mt. St. Mary's, K.C. Mo.

18. (a) Signature of funeral director P. G. Nugent

(b) Address 919 State Ave., K. C. Kansas

19. (a) 7-6-42 (b) M. M. Crome
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
year 1942 hour _____ minute 7 P. M.

21. I hereby certify that I attended the deceased from March 1-
1942, to July 4, 1942
that I last saw her alive on July 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebric Duration _____

Due to Basilar ganglia bleed

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy was made

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? _____ (City or town) (County) (State)

(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 D

23. Signature Rose H. ... (M. D. or other) _____
Address 924 ... KC Mo Date signed 7-6-42

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.....

Robert Emmet Nugent

Licensed Embalmer No. *3491*

P. O. Address *919 State Ave., N. C. La*

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.