

FILED OCT 5 1942

Primary Registration District No. 1002

Registrar's No. 3529

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

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:
1234 Ewing
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 65 years (Specify whether 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. 1234 Ewing
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DENNIS PIERCE

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Mary A. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 1 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Limreack County Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Weighmaster

11. Industry or business Frisco Railroad

MOTHER FATHER { 12. Name Dennis Pierce
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Cronin
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Pierce

(b) Address 1234 Ewing

17. (a) Rural (b) Date thereof 9.26.42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys

18. (a) Signature of funeral director Frank J. Tobin

(b) Address 20 West Linwood

19. (a) 9/25/42 (b) M. N. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 24
year 1942 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9-16-42 1942 to Sept 24 1942
that I last saw him alive on 16 September 1942
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration few hours

Due to Hypertension ?

Due to Senility 830

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

Major findings: Of operations _____
Of autopsy _____

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 _____

23. Signature E. A. Burkhardt (M. D. or other) M.D.

Address 334 S. Summit St. Date signed 9/25/42

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 Jack W. Laybourne
Licensed Embalmer No. 1715
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, fact should be so stated above.