S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 28 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39799

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4748

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:
Devine Bros. Clinic, 918 Oak St., 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months (Specify whether
In this community as above 2 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Nebraska, (b) County J[illegible], 25
(c) City or town Blue Springs, 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x 2

3. (a) PRINT FULL NAME William Dudley Kier,

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

4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Married, 1
6. (b) Name of husband or wife Maude Kier,
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased November (Month) 7 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	1	12	hr. min.

9. Birthplace Ohio, (City, town, or county) 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business x

FATHER
12. Name John A. Kier,
13. Birthplace Unknown, (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown,
15. Birthplace Unknown, (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Maude Kier,
(b) Address Blue Springs, Nebraska,
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation Wymore, Nebraska,
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 10/19/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 19th day
year 1942 hour 3:40 minute A. M.
21. I hereby certify that I attended the deceased from 9-18-42, 19, to 12-19, 1942
that I last saw him alive on 12-18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Post Operative Pneumonia — Duration 2 days
Due to Endoscopic resection
Due to Prostatic Hypertrophy
Other conditions (Include pregnancy within 3 months of death) 137a
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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature G. M. Jaquiss (M. D. or other)
Address 918 Oak K.C. Mo. Date signed 12-19-42

361

(Licensed Embalmer's Statement on Reverse Side)

Dr. B. J. Devine
Devine Bros. Clinic, 918 Oak St.

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. 1415

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.