

FILED MAR 5 1943

Registration District No. _____ 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**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Research Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 days**
 In this community **58 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. **3310 Broadway**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT EDWARD L. BIERSMITH FULL NAME

3. (b) If veteran, name war **No** 3. (c) Social Security **None**

4. Sex **Ma** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Anna Biersmith** 6. (c) Age of husband or wife if alive **XX** years
 7. Birth date of deceased **July 12 1863**
 (Month) (Day) (Year)

8. AGE: Years **79** Months **7** Days **9** If less than one day hr. _____ min.

9. Birthplace **Crawford County Pa.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Salesman**

11. Industry or business **Sec. Elks Club**

MOTHER FATHER { 12. Name **Martin Biersmith**
 13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Frances Maier**
 15. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Edward L. Biersmith, Jr.**

(b) Address **6700 Elmwood**

17. (a) **Burial** (b) Date thereof **2-23-43**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Mt. St. Mary's**

18. (a) Signature of funeral director **J.W. Wagner**
 (b) Address **Kansas City, Mo.**

19. (a) **2/24/43** (b) **M. M. Brown**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **21**
 year **1943** hour **12** minute **12 A.** M.

21. I hereby certify that I attended the deceased from **Jan - 8**, 1944, to **Jan 20 -**, 1943
 that I last saw him alive on **Jan 20 -**, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death **Lungemia** Duration **2 yrs**

Due to **74a**

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? _____

23. Signature **M. M. Brown** (M. D. or other) _____
 Address **226 Railway Bldg** Date signed **2/24/43**

226
VI - 0917
Date of Birth - 1005 of 1900

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 Cecil R. Matthes
Licensed Embalmer No. 3807
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, fact should be so stated above.