V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5419

Registration District No. FILED FEB 25 1943 149

Primary Registration District No. 1002

Registrar's No. 511

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: 3812 Mercier /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 56 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3812 Mercier
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MRS MAUDE DERBY 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 Married

6. (b) Name of husband or wife Daniel M Pierce

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Jan. (Month) 11 (Day) 1877 (Year)

8. AGE: Years 66 Months 0 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Quebec Canada 9
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William J Derby
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Isabella Baker
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Daniel M Pierce
(b) Address 3812 Mercier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington Cemetery

18. (a) Signature of funeral director Quirk & Taber Co
(b) Address 20 West Linwood

19. (a) 2-1-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31st day January year 1943 hour 6:15 minute A M.

21. I hereby certify that I attended the deceased from Dec 31, 1942 to Jan 31, 1943 that I last saw her alive on Jan 30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Coronary Sclerosis & Hypertension

Due to 94a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature George Cleed (M. D. ~~or other~~)

Address 1630 Prof. Bldg Date signed 2/1/43

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(Licensed Embalmer's Statement on Reverse Side)

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.....Charles M Quirk

Licensed Embalmer No.....3774

P. O. Address.....K. C. 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.