No. 2
1—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 3 1944

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41219

Registrar's No. 5328

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 4 days (Specify whether
In this community 40 yrs. 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. 512 W. 34th. 8
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Winfield A. Pierce

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 487-09-9993

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Wilma Pierce

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Jan. 23 1893 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
50	10	21	hr. min.

9. Birthplace Tenn. (City, town, or county) / (State or foreign country)

10. Usual occupation Owner Security Broom Co.

11. Industry or business Broommaking

FATHER
12. Name Benjamin F. Pierce
13. Birthplace Tenn. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Martha Wright
15. Birthplace Tenn. (City, town, or county) / (State or foreign country)

16. (a) Informant Mrs. Wilma Pierce
(b) Address 512 W. 34th. K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 17 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Gates
(b) Address Kansas City Kansas

19. (a) 12-16-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14 year 1943 hour 12 10 minute [illegible] P.M.

21. I hereby certify that I attended the deceased from Dec 4, 1943, 19__, to Dec 14, 19__; that I last saw him alive on 1, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar, Pneumococcus Pneumonia 1, 2 & 3 lobes. Rt side	11 days
Due to	
Due to 108	
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? (Specify type of place)
While at work? (e) Means of injury —

23. Signature [signature] (M. D. or other) MD
Address 92 E Prof Bldg Date signed 12-16-43

(Licensed Embalmer's Statement on Reverse Side)

Dr Frank Leitz
11 15 a mor after 2 p m. Thursday

NOV 2 1945

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. 3991

P. O. Address 309 E. 67th

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.)

Kc Mo.

If this body is not embalmed, fact should be so stated above.