

FILED DEC 31 1946

Registration District No. 171

Primary Registration District No. 1002

Registrar's No. 5291

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:  
4928 COLLEGE AVENUE 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 45 YEARS (Specify whether  
in this community years, months or days)

3. (a) PRINT FULL NAME DR. CARL M. PIERSON  
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 MARRIED  
6. (b) Name of husband or wife MRS. NELLIE PIERSON 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased FEBRUARY - 20 - 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 9 23 5 hr. min.

9. Birthplace LAWRENCE KANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation PHYSICIAN

11. Industry or business 917 E. VAND. KC. Missouri

12. Name OLAF PIERSON  
13. Birthplace UNKNOWN SWEDEN  
(City, town, or county) (State or foreign country)  
14. Maiden name HELENA UNKNOWN  
15. Birthplace UNKNOWN SWEDEN  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. NELLIE PIERSON  
(b) Address 4019 WOODLAND AVENUE

17. (a) BURIAL (b) Date thereof DEC 18 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MEMORIAL PARK CEMETERY KANSAS CITY, KANSAS

18. (a) Signature of funeral director W. Newcomer's Sons  
(b) Address 140 BRUSH GREEN BLVD.  
19. (a) 12-17-46 (b) Geraldine Helmer  
(Date received by registrar) (Registrar's signature)

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. 4019 WOODLAND AVENUE 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 15TH  
year 1946 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 19 to 19;  
that I last saw him alive on 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death Right Broncho pneumonia Duration

Due to Dilatation Right heart

Due to Coronary insufficiency

Other conditions Atherosclerosis -

Major findings: Of operations 124/15

Of autopsy yes as above 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 J. J. Walker (M. D. or other) 3  
Address 1424 24th St Date signed 12-16-46

WHILE PRINTING - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

MOTHER FATHER

**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 *Paul Rapp*

Licensed Embalmer No. *3458*

P. O. Address *X.C. Mi.*

**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.**