

FILED APR 23 1947

Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 1630

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 DAYS
(Specify whether _____)

In this community unknown
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. 2411 FOREST
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME THOMAS PIERSON

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MALE 5. Color or race NEGRO

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

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JUNE 17, 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

51 8 17 hr. _____ min.

9. Birthplace LINCOLN ALABAMA
(City, town, or county) (State or foreign country)

10. Usual occupation DAY LABORER

11. Industry or business _____

MOTHER FATHER { 12. Name JAMES PIERSON

13. Birthplace ALABAMA
(City, town, or county) (State or foreign country)

14. Maiden name MARY MONTGOMERY

15. Birthplace ALABAMA
(City, town, or county) (State or foreign country)

16. (a) Informant EINORA SWEETS

(b) Address 2411 FOREST

17. (a) Autopsy (b) Date thereof 4-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K.C. Sun Hosp

18. (a) Signature of funeral director Wm A. ...

(b) Address City

19. (a) 4-9-47 (b) A. Geraldine Holm
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 4, year 1947 hour 5: minute 00 A.M.

21. I hereby certify that I attended the deceased from FEBRUARY 13, 1947 to MARCH 4, 1947 that I last saw him alive on MARCH 4, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE URINARY RETENTION Duration _____

Due to BENIGN HYPERTROPHY OF PROSTATE

Due to _____

Other conditions LATENT SYPHILIS AND HYPERTENSIVE HEART DISEASE
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 308

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) _____ (e) Means of injury 0

Signature [Signature] (M. D. or other) M. D.

Address GENERAL HOSPITAL NO. 2 Date signed 3/4/47

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

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 Wm. A. Schmitz

Licensed Embalmer No. 3089

P. O. Address. KE 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.