. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

31393

State File No.

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3973

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 30 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. 3930 MICHIGAN AVENUE 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SARAH ELIZABETH 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 WIDOWED
6. (b) Name of husband or wife MR. WM. B. PIERCE
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased JAN. (Month) 10 (Day) 1862 (Year)

8. AGE: Years 85 Months 8 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace MONTGOMERY CO. ILLINOIS (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business AT HOME
FATHER
12. Name E. D. BOGART
13. Birthplace UNKNOWN SO. CAROLINA (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. A. H. Snider
(b) Address 3930 MICHIGAN AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 18 1947 (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEMETARY KCMO.
18. (a) Signature of funeral director W. N. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 9-18-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 16TH
year 1947 hour 6 minute 44 P. M.

21. I hereby certify that I attended the deceased from July 1945, 19..., to Sept 16, 1947
that I last saw her alive on Sept 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - broncho bronchitis
Due to Senility cardiac failure (m.H.D.)
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 107
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 0

23. Signature Delon Williams (M. D. ~~or other~~)
Address 806 Prof Bldg Date signed 9/17/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

806 Independence Ave.

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.