. S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41869

Registration District No. 149 — Primary Registration District No. 102 — Registrar's No. 5547

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: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 4948 Westwood Road 3
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Mrs. Mary ~~Easley~~ Piersol
3. (b) If veteran, name war: no.
3. (c) Social Security No.: no.
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Laurence G. Piersol
6. (c) Age of husband or wife if alive: unknown years
7. Birth date of deceased: December (Month) 4 (Day) 1906 (Year)
8. AGE: Years 41 Months 0 Days ~~29~~ 26 If less than one day ... hr. ... min.
9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: at home.
11. Industry or business: x

FATHER
12. Name: Frank Easley
13. Birthplace: unknown, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah Ryan
15. Birthplace: unknown, (City, town, or county) (State or foreign country)

16. (a) Informant: Laurence G. Piersol
(b) Address: 4948 Westwood Road, K. C., Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 1-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oklahoma City, Okla.
18. (a) Signature of funeral director: Stine & McClure
(b) Address: 3235 Gillham Plaza, K. C., Mo.
19. (a) 12-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30 year 1947 hour 11:40 minute A. M.
21. I hereby certify that I attended the deceased from Mar 5, 1947, 19..., to 30 Dec 1947, 19..., that I last saw him alive on 30 Dec 1947, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Edema
Due to: Chronic Ethyl Hydroxide Poisoning
Due to:
Other conditions: cirrhosis of liver
(Include pregnancy within 3 months of death)
Major findings: Of operations: 1240
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:

23. Signature: Gordon P. Barnett (M. D. or other) M.D.
Address: 6305 Brookside Plaza Date signed: 31 Dec 47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Dr. Barnett

6305 - Brookside Plaza Ja 4466

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 J. Clair Sheppard

Licensed Embalmer No. 4179

P. O. Address 15 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.