

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

40302

State File No. _____

FILED DEC 29 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5145

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

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 # 2 D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 das, 2 hrs, 22 mins
(Specify whether in this community 40 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. 1110 Garfield 8
(If rural, give location) D

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

If yes, name country _____

3. (a) PRINT FULL NAME TWINTTELLA PIERRO

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 16th
year 1948 hour 6:20 minute P. M.

21. I hereby certify that I attended the deceased from DECEMBER 12th 19 48 to DECEMBER 16th 19 48
that I last saw h er alive on DECEMBER 15th 19 48
and that death occurred on the date and hour stated above.

4. Sex FEMALE 3

5. Color or race NEGRO

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

6. (b) Name of husband or wife NO Albert Pierro

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased FEBRUARY 8th 1901
(Month) (Day) (Year)

Immediate cause of death ARTERIONEPHROSELEROSIS
HYPERTENSION
UREMIA
Due to _____

Duration _____

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

47 10 8 hr. _____ min.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 131a

Of operations _____

Of autopsy _____

9. Birthplace JOHN Sapulpa Oklahoma /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife TEXAS

11. Industry or business MARY FLYNN

12. Name JOHN WINTATE TEXAS

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

14. Maiden name MARY FLYNN

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Sister: Flossie Morrison

(b) Address 1110 Garfield

17. (a) Removal (b) Date thereof 12/18/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sapulpa, Oklahoma

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1719 Lydia

19. (a) 12-18-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) 131a Frank Ellis
Signature _____ (M. D. or other)

23. Signature Frank Ellis Date signed 12/18/48
Address 600 East 22nd St.

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..... *Bruce Riley*

Licensed Embalmer No. *4500*

P. O. Address. *2506 Benton Blvd*

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.