

FILED FEB 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1262

228

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 29 yrs.		d. STREET ADDRESS (If rural, give location) 911 HOLMES STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 911 HOLMES STREET		d. STREET ADDRESS (If rural, give location) 911 HOLMES STREET	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) THOMAS	c. (Last) PEARCE	4. DATE OF DEATH (Month) (Day) (Year) JAN. 16. 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 26. 1890	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman Produce	10b. KIND OF BUSINESS OR INDUSTRY Produce	11. BIRTHPLACE (State or foreign country) WATAUGA TENNESSEE	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Chris PEARCE	13b. MOTHER'S MAIDEN NAME —	14. NAME OF HUSBAND OR WIFE MRS. IDA LEE PEARCE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME MRS. IDA LEE PEARCE	ADDRESS 911 HOLMES ST. KANSAS CITY, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 hour
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chemic conjunctive hypertrophy		5 years
	DUE TO (c) rheumatic myocarditis		415X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept. 1945**, to **Jan 16, 1951**, that I last saw the deceased alive on **Jan 14, 1951**, and that death occurred at **7:15 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE E. L. Gehrke	(Degree or title) D.D. 2	23b. ADDRESS 1400 E 83rd St KC Mo	23c. DATE SIGNED Jan 16 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-18-51	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY
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DATE REC'D BY LOCAL REG. 1-16-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D. N. Newcomer	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
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WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

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.