

WEST JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

20978

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township East Primary Registration District No. 1002
 (c) City K.C. Mo. (d) Street No. 529 Norton St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 529 Norton St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 - 1866
 7. AGE YEARS 72 MONTHS 29 If LESS than 1 day, hrs. min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Boone Co. Kentucky
 (STATE OR COUNTRY)

13. NAME Robert Lee Pierce

14. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

15. MAIDEN NAME Eliza Love

16. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Guy J. Pierce 529 Norton, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE California Mo. June 17 - 1938

19. FUNERAL DIRECTOR (NAME) Mrs. C. L. Frazier
 (ADDRESS) 918 Brooklyn, K.C. Mo.

20. FILED June 16 1938 M. M. Brown
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15-1938

22. I HEREBY CERTIFY, That I attended deceased from May 16 1938 to June 15 1938
 I last saw him alive on June 14 1938 Death is said to have occurred on the date stated above, at 4 P.M.
 The principal cause of death and related causes of importance were as follows:

Acute Endocarditis Date of onset 6-10-38
apoplexy 6-8-38

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) Mem 3 AD
 (Address) 202 S. Oak, Independence, Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.

2025-2026
210 R.H.
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