

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

10845  
Do not use this space.

1880 APR 13 1939

**1. PLACE OF DEATH**

(a) County GREENE Registration District No. 316  
 (b) Township Campbell Primary Registration District No. 2301 Registered No. 260  
 or SPRINGFIELD  
 (c) City SPRINGFIELD (d) Street No. 2052 N Kellett 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**

Infant of Mr. & Mrs. Calvin E. Pierce  
 (a) Residence, No. 2052 N. Kellett 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Infant  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - - -  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25 1939  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 0  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Still Born  
 9. Industry or business in which work was done, as saw mill, bank, etc. Born  
 10. Date deceased last worked at this occupation (month and year) - - - Total time (years) spent in this occupation - - -  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield mo  
 FATHER 13. NAME Calvin E. Pierce  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ponca city okla  
 MOTHER 15. MAIDEN NAME Esther May Faught  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield mo  
 17. INFORMANT Calvin E. Pierce  
 (ADDRESS) Springfield mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE East Lawn DATE 3-26-1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dunn Hall Springfield mo  
 20. FILED 3-26-1939 Chas. H. Geomert Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 3/25 1939 to 3 25 1939  
 I last saw her alive on no time 1939. Death is said to have occurred on the date stated above, at 6:30 pm.  
 The principal cause of death and related causes of importance were as follows:  
Still born  
placenta in uterus  
3 to 4 days prior to birth  
 Date of onset - - -  
 Other contributory causes of importance: unknow  
 Name of operation none Date of - - -  
 What test confirmed diagnosis none Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no 1939  
 Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury no  
 Nature of injury no  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify - - -  
 (Signed) D. F. Freeman M.D.  
 (Address) Springfield mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.**