DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2960

Registration District No. FILED FEB 15 1940 1508940

Primary Registration District No. 3026

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1020 Clay
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community Seven years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")

(d) Street No. 1020 Clay
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Jess Franklin Pierce

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ____

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

7. Birth date of deceased November 15, 1932 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
7	1	22	____ hr. ____ min.

9. Birthplace Miltonvale (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Student

11. Industry or business ____

FATHER
12. Name James Franklin Pierce
13. Birthplace Spickard (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary M. Catlin
15. Birthplace Miltonvale (City, town, or county) Kansas (State or foreign country)

16. (a) Informant's own signature J. F. Pierce
(b) Address 1020 Clay-Chillicothe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-'40 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cem.

18. (a) Signature of funeral director F. B. Norman
(b) Address Chillicothe, Missouri

19. (a) 1-9-40 (Date received local registrar) (b) H. W. Brace, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day seventh year 1940 hour 9 minute 20P. M.

21. I hereby certify that I attended the deceased from Jan 5-40, 19__, to Jan 7, 19 40, that I last saw him alive on Jan 7, 19 40, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diphtheria of throat &	2 days
Due to Diphtheric pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN — Underline the cause to 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 F. B. Norman (M. D. or other)
Address Chillicothe, Mo. Date signed 1/9/40

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PERMIT—USE STANDARD BLACK INK—MAKE A PERMANENT RECORD

X19511

RECEIVED
District Health Officer No. 11
District File Number 240-173
Date Filed FEB 14 1940

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

Elton F. Norman & E. R. Norman (2374), Registered Apprentice No.

working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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, above space should be left blank.