

SEP 24 1940 328
Registration District No. _____

Primary Registration District No. 3017

10
4
2

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

1. PLACE OF DEATH:

(a) County Shirley
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Culler Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community Trenton, Mo (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan
(c) City or town Shirleys R.R.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME JOHN MARKIN PIERCE

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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 Nov 29 1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 8 10 hr. _____ min.

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

10. Usual occupation Student

11. Industry or business _____

12. Name Clifford L Pierce

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

14. Maiden name Ermene Church

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

16. (a) Informant Clifford Pierce

(b) Address Tulsa Okla.

17. (a) Burial (b) Date thereof Aug 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shirleys, Mo

18. (a) Signature of funeral director PK Payne

(b) Address East Mo

19. (a) 8-10-40 (b) Jesse D. Jais
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8
year 1940 hour 9 a.m minute _____ M.

21. I hereby certify that I attended the deceased from Aug 3 1940, to Aug 8 1940; that I last saw him alive on Aug 8 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Tetanus Duration 5 or 6 days

Due to nail puncture capped about 3 wks. before met - at home,

Due to receiving no prophylactic treatment

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

Major findings: Of operations JH

Of autopsy _____

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? 300

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. Kullus MD (M. D. or other) _____

Address Trenton Mo Date signed 8-9-40

Duration

5 or 6 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 11,
District File Number,
Date Filed

3 24 414 MISSISSIPPI

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 *P. K. Payne Jr*

Licensed Embalmer No. *3400*

P. O. Address *Gait*

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.