

FILED OCT 18 1940

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

31875

Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 254
 (b) Township Pattonsburg Primary Registration District No. 4154 Registered No. 13
 (c) City Pattonsburg (d) Street No. _____ St.
 (II 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

Edward S Pierce
 (a) Residence, No. Pattonsburg, Mo 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) WIDOWER
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Pierce (Deceased)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 26/1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 4 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. RETIRED 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) _____ I
 (STATE OR COUNTRY) Ind

13. NAME Richard Pierce I

14. BIRTHPLACE (CITY OR TOWN) _____ I
 (STATE OR COUNTRY) Ind

15. MAIDEN NAME Sarah Lee

16. BIRTHPLACE (CITY OR TOWN) _____ I
 (STATE OR COUNTRY) Ind

17. INFORMANT Harley R. Pierce
 (ADDRESS) 2720 Monroe, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gallatin DATE 8/25/40 19

19. FUNERAL DIRECTOR (NAME) G. Schorer 231
 (ADDRESS) Pattonsburg, Mo.

20. FILED Sept 16 1940 Travis C Sutton (Address) Pattonsburg, Mo.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/23/40 1940
 22. I HEREBY CERTIFY, That I attended deceased from August 1 1939 to August 15 1940
 I last saw h. in alive on August 15, 1940 Death is said to have occurred on the date stated above, at 8 P.M.
 The principal cause of death and related causes of importance were as follows:

Cancer of rectum.Other contributory causes of importance:
46

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) Frank Hedger M. D.

FILE

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 *E. Schomer*

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.