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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1941

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2611

Primary Registration District No. 2001

Registrar's No. 56

1. PLACE OF DEATH:

(a) County GREENE

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

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

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community 2 Weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 613 Weaver (If rural, give location)

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

3. (a) PRINT FULL NAME SHMEL PIERCE

3. (b) If veteran, name war None SS. 553-26-4672

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased April (Month) 13 (Day) 1897 (Year)

8. AGE: Years 43 Months 9 Days 3 If less than one day ..... hr. ..... min.

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

10. Usual occupation Auto Mechanic

11. Industry or business None

FATHER
12. Name John Pierce
13. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Myrtle Wyrick
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Howard Morrison

(b) Address 613 Weaver Springfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director F. C. Thieme

(b) Address Springfield Mo

19. (a) 1-18-41 (Date received local registrar) (b) W. E. Hundley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16th year 1941 hour 6:20 minute P M.

21. I hereby certify that I attended the deceased from Jan 14, 1941, to Jan 16, 1941; that I last saw him alive on Jan. 16, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration ?

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 W. Roland Langston (M. D. or other) MD

Address Springfield Mo Date signed 1/18/41

(Licensed Embalmer's Statement on Reverse Side)

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. 3681

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.