

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH: Jasper
 (a) County Joplin
 (b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Freeman Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Hours
(Specify whether years, months or days)
 In this community 4 Months

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 1316 North St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 23 day 1941;
 year 11-00 hour P.M. minute M.
 21. I hereby certify that I attended the deceased from Jan 21
 1941 to Jan 23 1941
 that I last saw him alive on Jan - 23 1941
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Pneumonia Duration 2 day

Due to _____
 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?
370
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) [Signature]
 Address Joplin, Mo. Date signed 1/26/41

3. (a) PRINT FULL NAME Dale Pierce
 3. (b) If veteran, name war No 3. (c) Social Security No. No
 4. Sex Male 5. Color or race W. 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: Sept. 28, 1940
(Month) (Day) (Year)
 8. AGE: Years 0 Months 3 Days 26 If less than one day _____ hr. _____ min.
 9. Birthplace Joplin Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation NONE
 11. Industry or business NONE
 MOTHER { 12. Name Cherry J. Pierce
 13. Birthplace Gore Oklahoma
(City, town, or county) (State or foreign country)
 14. Maiden name Wilma Payne
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)
 16. (a) Informant Cherry Pierce
 (b) Address 1316 North St. Joplin Mo.
 17. (a) Burial (b) Date thereof Jan. 25,
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Park Cem.
 18. (a) Signature of funeral director Hurlbut Und/Co
 (b) Address Joplin Mo.
 19. (a) 1-29-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

19
2
5

X23159

107 41-2-188

HEALTH
04-10-5
GUSSEK

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 *Sam B. Sweeney*

Licensed Embalmer No. *4099*

P. O. Address *Joplin Mo*

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

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

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1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Dale Pierce

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>3</u>	<u>26</u>	hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

20. DATE OF DEATH Month Jan day 23 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia
old + Brewster's wk

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 107

Major findings:
Of operations _____
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?

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

23. Signature Dale Pierce (M. D. or other) MD
Address Joplin mo Date signed 4.10.14

SUPPLEMENTARY

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

