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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18090

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 88

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage /
(If outside city or town limits, write "RURAL") 3
(d) Street No. 816 Poplar St.
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charlotte Rosella Piercy

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 21

6. (b) Name of husband or wife R. Monroe Piercy 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 29, 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 11 2 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Petty

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

14. Maiden name Rebecca Emma Mahan

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

16. (a) Informant Mr. Trent Piercy

(b) Address Route #1, Carthage, Mo.

17. (a) Burial (b) Date thereof 6-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hackney Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) June 2, 1941 (b) E. J. McArthur M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st
year 1941 hour 11:34 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug. 13, 1938 to May 31, 1941.
that I last saw her alive on May 31, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute myocardial failure 6 hrs.
Pulmonary edema 6 hrs.
Due to Hypertension 5 yrs.
Myocarditis 5 yrs.
Due to Nephritis, Chronic 4 yrs.

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

Major findings:
Of operations none

Of autopsy none

Duration
6 hrs.
6 hrs.
5 yrs.
5 yrs.
4 yrs.

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? _____

8:15
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Francis J. McArthur M.D. (M. D. or other) 1
Address Carthage Date signed JUN 1941 2

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

41-6-559

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..... *Edle...*

Licensed Embalmer No. *2222*

P. O. Address..... *Parthage*

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

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