V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUL 2 1942

State File No. 21656

Registration District No. 497 Primary Registration District No. 2-005643 Registrar's No. 54

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town La Belle Twp Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lewis 56
(c) City or town La Belle Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Leona Joe Pierce

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Pierce

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Oct (Month) 24 (Day) 1886 (Year)

8. AGE: Years 55 Months 7 Days 27 If less than one day ..... hr. ..... min.

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

10. Usual occupation House wife

11. Industry or business .....

FATHER
12. Name Benjamin J West
13. Birthplace Unknown Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy A Spickhall
15. Birthplace Unknown Mo (City, town, or county) (State or foreign country)

16. (a) Informant Civ. Morgan
(b) Address La Belle Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23 42 (Month) (Day) (Year)
(c) Place: burial or cremation La Belle Cemetery

18. (a) Signature of funeral director Eric L Bishop
(b) Address Wyaconda Mo

19. (a) 6/24/42 (Date received local registrar) (b) P. W. Jennings MD (Registrar's signature)

987

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st year 1942 hour 8 PM minute ..... M.

21. I hereby certify that I attended the deceased from Sept-18-42 June, 19.. to June 21, 1942 that I last saw her alive on June 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Plum — Duration 6 Mos

Due to Had Breast Amputation Dec 1941

Due to .....

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

Major findings:
Of operations ✓ 486
Of autopsy No

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 A H Lillard (M. D. or other) MD
Address La Belle Mo Date signed 6/23/42

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96
7/2/42

(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1942

JUL 2 - 1942

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 Geo V. Baskett

Licensed Embalmer No. 1817

P. O. Address Wyaconda 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, fact should be so stated above.