

FILED MAY 24 1943 294  
Registration District No. \_\_\_\_\_

Primary Registration District No. 8056

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:  
915 W Reed /  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly 80  
(If outside city or town limits, write "RURAL")

(d) Street No. 915 W. Reed 5  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 3

If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Alberta Peirce

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 Hosea D. Peirce

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased: Jan. 20 1973  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 3 6 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Matthew A. Cheeley

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

14. Maiden name Lucretia Tiller

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

16. (a) Informant H D Peirce

(b) Address Moberly

17. (a) Burial (b) Date thereof Apr 28 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahon and Son

(b) Address Moberly, Mo

19. (a) 4-28-43 (b) Irma David  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26<sup>th</sup>  
year 1943 hour 10 minute 05 P.M.

21. I hereby certify that I attended the deceased from 8-22, 1942, to 4-26, 1943  
that I last saw her alive on 4-26, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia  
Central Insufficiency 9 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 108

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature R.H. Williams (M. D. or other) \_\_\_\_\_

Address Moberly, Mo. Date signed 4-28-43

RECEIVED

District Health Officer No. 10

District File Number 5-43-882

Date Filed MAY 21 1943

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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 Frank D. Nutt  
Licensed Embalmer No. 3121  
P. O. Address Moberly, 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.