

**FILED DEC 14 1944**

Registration District No. **107**

Primary Registration District No. **5820**

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

**1. PLACE OF DEATH:**

(a) County **New Madrid**  
(b) City or town **Rural** (If outside city or town limits, write "RURAL" and name of township) **Be. Nelson Twp.**  
(c) Name of hospital or institution: **7 MILES SOUTHEAST MALDEN** (If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Unnamed Pierce Baby**

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

4. Sex **FEMALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **—**

6. (b) Name of husband or wife **Infant** 6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **November 7, 1944**  
(Month) (Day) (Year)

8. AGE: Years **0** Months **0** Days **0** If less than one day **10 hr. 50 min.**

9. Birthplace **Milled, R#1** (City, town, or county) **Mo. 11** (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business **None**

12. Name **Sack Pierce**

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

14. Maiden name **Ernest Hardy**

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

16. (a) Informant **Sack Pierce**

(b) Address **Malden, Mo. R#1**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-8-44** (Month) (Day) (Year)

(c) Place: burial or cremation **Vincenz Cemetery**

18. (a) Signature of funeral director **Day Funeral Home**

(b) Address **Malden, Mo.**

19. (a) **Nov 8 - 44** (Date received local registrar) (b) **Renda Macom** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **New Madrid**  
(c) City or town **Rural** (If outside city or town limits, write "RURAL")  
(d) Street No. **7 MILES SOUTHEAST MALDEN** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **November** day **Eight** year **1944** hour **12** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **Nov 7** 19**44** to **Nov 8** 19**44** that I last saw her alive on **Nov 7** 19**44** and that death occurred on the date and hour stated above.

Immediate cause of death **Premature death** Duration

Due to **Exhaustion of Mother**

Due to **159**

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?

While at work? **—** (Specify type of place) (e) Means of injury **—**

23. Signature **D. C. Patton** (M. D. or other) **40**  
Address **Malden, Mo.** Date signed **Nov 8/44**

RECEIVED

District Health Office No. 2

District File Number 1244-162

Date Filed 12-17-44

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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.....  
NOT EMBALMED....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**