S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41772

Registration District No. 152

Primary Registration District No. 5855-4382

Registrar's No. 10

1. PLACE OF DEATH:

(a) County: Nodaway

(b) City or town: Parnell (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) 1

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 6 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Nodaway 74

(c) City or town: Parnell (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Edwin Thomas Pierson

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: 0 Male

5. Color or race: White

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

6. (b) Name of husband or wife: Lena Pierson

6. (c) Age of husband or wife if alive: 71 years

7. Birth date of deceased: Mar. (Month) 29 (Day) 1865 (Year)

8. AGE: Years 79 Months 8 Days 25 If less than one day hr. min.

9. Birthplace: Clarinda (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: Thomas Pierson

13. Birthplace: Unknown (City, town, or county) England 4 (State or foreign country)

MOTHER 14. Maiden name: Elizabeth Reals

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

16. (a) Informant: Mrs Lena Pierson

(b) Address: Parnell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 26, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Hopkins, Mo.

18. (c) Signature of funeral director: Stanley Swanson

(b) Address: Hopkins, Mo.

19. (a) 1/28/44 (Date received local registrar) (b) O. F. Sayler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24 year 1944 hour 6 minute 50 A. M.

21. I hereby certify that I attended the deceased from Dec 2-44, 1944, to Dec 24, 1944 that I last saw him alive on Dec 23, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Myo Cardial Degeneration

Due to:

Due to: 93d

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

Major findings: Of operations:

Of autopsy:

Duration

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: 2

23. Signature: R. G. Garten (M. D. or other)

Address: Maryville Mo. Date signed 12-28-44

555

(Licensed Embalmer's Statement on Reverse Side)

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 myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Stanley Swanson

Licensed Embalmer No. 2963

P. O. Address Hopkins, 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.