S. No. 2
M—2-43
v. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 41681

Registration District No. 175 Primary Registration District No. 4276 Registrar's No. 119

**1. PLACE OF DEATH:**

(a) County Lawrence
(b) City or town Pierce City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 12 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Lawrence
(c) City or town Pierce City
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jack Henery Pierce
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agnes E Peierce
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 28 (Day) 1903 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 42 | 7 | 8 | hr. min. |

9. Birthplace New York City (City, town, or county) (State or foreign country)
10. Usual occupation Inspector Cent.
11. Industry or business Board Supply R.R.
FATHER
12. Name John Pierce
13. Birthplace New York City (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace New York City (City, town, or county) (State or foreign country)
16. (a) Informant Amanda Cochran
(b) Address Pierce City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Pierce City Cemetery
18. (a) Signature of funeral director William J. Wessell
(b) Address Pierce City Mo.
19. (a) 12-8-1945 (Date received local registrar) (b) Ora McNatt (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 6 year 45 hour 12 minute 10 A.M.
21. I hereby certify that I attended the deceased from Dec 5, 1945, to Dec 6, 1945 that I last saw him alive on Dec 5, 19 ; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Coronary Occlusion | 7 days |
| Due to | |
| Due to | |
| 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Frank Kerr M.D. (M.D. or other)
Address Marietta Mo Date signed 12/6/45

1465 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 146-9
Date Filed JAN 8 1946

APR 16 1946

## 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 Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville 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.**