

FILED FEB 11 1946

Registration District No. 42

Primary Registration District No. 5134

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Washington "Rural"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: In route to hospital sup 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town Rural, Bloomington 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles So. East DeKalb, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ronnie Lee Pierce

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex male Color or race white
5. Color or race white
6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased June 24 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 7 5 .hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

12. Name Martin Lee Pierce

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

14. Maiden name Jessie Lee Murphy

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

16. (a) Informant Martin Lee Pierce

(b) Address RR #1 DeKalb, Mo.

17. (a) burial (b) Date thereof 1/31/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cemetery

18. (a) Signature of funeral director

(b) Address St. Joseph, Mo.

19. (a) Feb. 4, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 29
year 1946 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from 1-28-46, 19 to 1-28-46, 19; that I last saw him alive on 1-28-46, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: acute gastroenteritis id

Due to

Due to

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?

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

23. Signature H. P. Jensen (M. D. or other)

Address St. Joseph Mo Date signed 1-30-46

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

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Mr. W. E. Peterson
Tulsa, Okla.

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 29 Jan 4
....., Registered Apprentice No. ✓
working under my personal supervision.

Signed Harold Bowman
Licensed Embalmer No. 3619
P. O. Address St. Joseph, 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.