

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

**FILED** JUL 9 1946

Registration District No. 175

Primary Registration District No. 4276

Registrar's No. 60

1947  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Lewis

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Lewis 55

(c) City or town Pierson City, Mo 4  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

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

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

**3. (a) PRINT FULL NAME** MIKE KENDE

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased April 4 1894  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>50</u>	<u>1</u>	<u>26</u>	hr. min.

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

10. Usual occupation miner

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

**MOTHER FATHER**

12. Name Marcus Wilde 4

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Eustina Paff

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Moore

(b) Address Exeter, Mo.

17. (a) Burial (b) Date thereof 6 6 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Patrick Cemetery

18. (a) Signature of funeral director William Weasell

(b) Address Pierson City, Mo.

19. (a) June 12 46 (b) Oral, Mr. Matt  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JUNE day 1  
year 1946 hour about 5 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from after  
death 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death probable  
Heart attack

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

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

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

Major findings: 950

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 3

23. Signature Ferman Herridge Corona  
(Physician or other)

Address Aurora Mo Date signed 6/1/46

RECEIVED

District Health Officer No. 6,

District File Number 746-712

Date Filed JUL 8 - 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 me

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

Signed Wm K Jackson

Licensed Embalmer No. 3954

P. O. Address Sarcoville Ind

**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.**