

S. No. 2
M-5-43
5-17-39
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UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

36538

State File No.

Registrar's No.

FILED DEC 6 1946

Registration District No. 94

Primary Registration District No. 4170

1. PLACE OF DEATH:

(a) County De Kalb
(b) City or town Union Star
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 54 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb 32
(c) City or town Union Star (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 M. Nellie Pierce

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

4. Sex female/ 5. Color or race white
6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Job W. Pierce
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 9 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 5 1 hr. min.

9. Birthplace West Swanzey N. Hampshire
(City, town, or county) (State or foreign country)

10. Usual occupation music teacher
at home

11. Industry or business at home

12. Name Benjamin Whitcomb
13. Birthplace unknown N. Hampshire
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Fisher
15. Birthplace unknown N. Hampshire
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Albertina Pierce
(b) Address Union Star, Mo.

17. (a) burial (b) Date thereof 11/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)
Union Star, Mo.

(c) Place: burial or cremation

18. (a) Signature of funeral director Hector Bellah & Bowman
(b) Address St. Joseph, Mo.

19. (a) 11-12-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10
year 1946 hour 12 minute 20 P.M.
21. I hereby certify that I attended the deceased from Sept 1, 1945
to Nov 8, 1946, 19____; that I last saw him alive on Nov 8, 1946, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Anoxia
Due to Bronchial edema 3 days
Due to Hypostatic Pneumonia 9 days
Other conditions Fall about 10 days ago - Oct 29, 1946
Major findings: None 186 P 18
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: 32
(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) (c) Means of injury _____

23. Signature William H. Wadley (M. D. or other) 100
Address Union Star, Mo. Date signed 11/10/46

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

33200

DISTRICT HEALTH OFFICE
St. Louis, Mo.

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, _____

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

Signed Raymond W. Marchand

Licensed Embalmer No. 4413-A

P. O. Address 319 So 10th 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.