

U.S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 2 1948
383

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37602
Registrar's No. 177

Registration District No. Primary Registration District No. 5655

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt. Vernon
(c) Name of hospital or institution: Missouri State Sanatorium
(d) Length of stay: In hospital or institution 953 days
In this community 953 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Butler
(d) Street No. 511 No. Delaware
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME John Calvin Pierson
3. (b) If veteran, name war No 3. (c) Social Security No. 342-10-3340

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 18th year 1946 hour 11:00 minute A M.
21. I hereby certify that I attended the deceased from April 9, 1944 to Nov. 18, 1946
that I last saw him alive on Nov. 18, 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 2 16 1880
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis Duration Abt. 4 1/2 yr
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
66 9 2 _____ hr. _____ min.

9. Birthplace Harrisburg Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Mining

11. Industry or business _____
12. Name Harry Pierson
13. Birthplace Harrisburg Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary Frances Baker
15. Birthplace Equality Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Burial (b) Date thereof Nov-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Harrisburg Illinois

18. (a) Signature of funeral director H D Hubert
(b) Address Mount Vernon, Mo

19. (a) 11/23-46 (b) DR Theobald
(Date received local registrar) (Registrar's signature)

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 P. A. Grasher M.D. (Physician)
Address Mount Vernon, Mo Date signed 11-18-46

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 1146-1178

Date Filed NOV 29 1946

1146-1178
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966
-974
2
-6
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2
71

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.....

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

Signed Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Wilmington, Del.

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.