

FILED APR 1 1947

Registration District No. 133 Primary Registration District No. 802 Registrar's No.

1. PLACE OF DEATH:

(a) County GRANDY

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

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

(d) Length of stay: In hospital or institution 17 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNA PIERRE

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

4. Sex FEMALE 5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frank C Pierre 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased July 19, 1874
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 5 If less than one day --- hr. --- min.

9. Birthplace Philadelphia Penn
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business Same

12. Name John MARSDEN

13. Birthplace Lester England
(City, town, or county) (State or foreign country)

14. Maiden name Chesville

15. Birthplace Lester England
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Marsden

(b) Address Linton, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 26, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation St. P. Linton Mo

18. (a) Signature of funeral director Ray A Dean

(b) Address Linton Mo

19. (a) Jan 26, 1947 (Date received local registrar) (b) Frederick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County GRANDY

(c) City or town TRENTON
(If outside city or town limits, write "RURAL")

(d) Street No. 1607 main st
(If rural, give location)

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

If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 24TH year 1947 hour 5:05 minute A M.

21. I hereby certify that I attended the deceased from about July 19, 1946 to Jan 24, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis & Phosphorus Myocarditis

Due to Chronic Interstitial Nephritis & Phosphorus Myocarditis

Due to ---

Other conditions (Include pregnancy within 3 months of death) ---

Duration 1 1/2 yrs

PHYSICIAN ---

Underline the cause to which death should be charged statistically.

Major findings: ---

Of operations: ---

Of autopsy: ---

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)

Means of injury ---

23. Signature E. J. Gully (M. D. or other) ---

Address Linton Mo Date signed Jan 26, 1947

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

LD
1/2

115-

20-67

DISTRICT HEALTH OFFICE
Cameron, 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, or by

Walter E. Meyer

Registered Apprentice No. *458*

working under my personal supervision.

Signed

James A. Harris

Licensed Embalmer No. *3424*

P. O. Address. *Intero 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.