S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41228

FILED JAN 7 1948

Registration District No. 82 — Primary Registration District No. 3017 — Registrar's No. 195

1. PLACE OF DEATH:
(a) County: COOPER
(b) City or town: BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ALEX RAVENSWAAY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ONE WEEK (Specify whether years, months or days)
In this community: 10 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: COOPER
(c) City or town: BOONVILLE
(If outside city or town limits, write "RURAL")
(d) Street No.: 814 WATER STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ALBERT PIERCE
3. (b) If veteran, name war: NONE
3. (c) Social Security No.:

4. Sex: MALE
5. Color or race: NEGRO
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: DEC. (Month) 22 (Day) - 1891 (Year)

8. AGE: Years 56 | Months 0 | Days 0 | If less than one day: hr. min.

9. Birthplace: INDIANA (City, town, or county) (State or foreign country)
10. Usual occupation: STONE MASON
11. Industry or business: STONEMASONERY

MOTHER FATHER
12. Name: UNKNOWN
13. Birthplace: (City, town, or county) (State or foreign country)
14. Maiden name: UNKNOWN
15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant: HOSPITAL RECORDS
(b) Address: BOONVILLE, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 12/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation: CITY CEMETERY
18. (a) Signature of funeral director: STEGNER
(b) Address: BOONVILLE, MO.
19. (a) 12-27-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec 22 day: year: 1947 hour: 11 minute: 15A M.
21. I hereby certify that I attended the deceased from: Dec 19, 1947, to: Dec 22, 1947; that I last saw him alive on: Dec 21, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	Just -
Due to: Chr. Myocarditis	
Due to: Chr. Alcoholism	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: GBD
Of autopsy:

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: M. L. Dickenson (M. D. or other) MD
Address: Boonville Mo Date signed: 12/27/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-7-48

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 FRED HARRIS, Registered Apprentice No. 476, working under my personal supervision.

Signed James W. Stegner

Licensed Embalmer No. 3780

P. O. Address BOONVILLE * 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.