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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20271

Registration District No. 255

Primary Registration District No. 5877

Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Alton Route 3  
(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)

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

3. (a) PRINT FULL NAME Francis Marion Pierce

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rowene Cox

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

7. Birth date of deceased March 22 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	89	1	20	_____ hr. _____ min.

9. Birthplace Oregon County Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name Nelson Pierce

13. Birthplace N. Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Epiran Mitchell

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

16. (a) Informant Cleveland Pierce

(b) Address Alton, Mo.

17. (a) Burial (b) Date thereof 5/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grave Springs Cem.

18. (a) Signature of funeral director Island Carter

(b) Address Thayer, Mo.

19. (a) 7-2-48 (b) Mrs Wepohr  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 25

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

(d) Street No. 3  
(If rural, give location) 3

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12  
year 1948 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 9 1948  
Until May 12, 1948 to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on May 9 1948, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke of Paralysis Duration \_\_\_\_\_

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

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

Other conditions Old age  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 0

23. Signature G. B. Forcat (M. D. or other) \_\_\_\_\_

Address Alton, Mo Date signed 5/14/48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

~~Date Filed~~ 8-9-48  
~~District File Number~~ 77874  
District Health Officer No. 5,  
RECEIVED 7-6-48

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

Signed.....

LA Licensed Embalmer No.....

P. O. Address.....

**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.**