

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7938

FILED APR 14 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY OR TOWN <u>Kennett</u>	c. LENGTH OF STAY (in this place) <u>5 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hornersville, Rte. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Presnell Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Pierce</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 2, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 26, 1880</u>
9. AGE (In years less birthday) <u>68</u>		<input type="checkbox"/> UNDER 1 YEAR Months	<input type="checkbox"/> UNDER 3 HRS. Hours <u>30</u> Mins. <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Dunklin Co., Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>William Russell Pierce</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Williford</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Pierce</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William E. Pierce, Hornersville, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5-7-1</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-25</u> , 19 <u>49</u> , to <u>3-2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-2</u> , 19 <u>49</u> , and that death occurred at <u>7:00 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. C. Wilson M.D.</u>		23b. ADDRESS <u>Kennett, Mo.</u>	23c. DATE SIGNED <u>3-23-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/4/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hornersville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hornersville, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-25-1949</u>	REGISTRAR'S SIGNATURE <u>Carl Huskard</u>	90	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Howard Leach, Ark.</u>

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

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RECEIVED

District Health Office No. 2

District File Number 449-476

Filed 4-12-49

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed W. Howard

Signed.....  
Student Embalmer

Licensed Embalmer No. 3959

P. O. Address Leachville, Ark

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.