

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

33312
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph / Registration District No. 735
 (b) Township _____ Primary Registration District No. 3034
 (c) City Moberly / (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 163

2. PRINT FULL NAME

(a) Residence, No. Franklin G. Pierce Woodland Hospital St. _____
Green City, Mo (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)
Moberly, Mo.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED? HUSBAND OF (OR) WIFE OF <u>Don't know</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 4 - 1873</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>1</u>	DAYS <u>1</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sullivan Co. Mo</u>		
FATHER	13. NAME <u>Ransom M. Pierce</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York State</u>	
MOTHER	15. MAIDEN NAME <u>Mary Bartholomew</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>	
17. INFORMANT <u>Fredrick D. Pierce</u> (ADDRESS) <u>Green City, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>plasmerville</u> DATE <u>Sept 8</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) <u>Glenn E. Ritt</u> (ADDRESS) <u>Green City Mo</u>		
20. FILED <u>Sept 5</u> 19 <u>39</u> <u>P. A. Williams</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3 1939, to Sept. 5 1939
 I last saw him alive on Sept. 5 1939. Death is said to have occurred on the date stated above, at 7:50 A.M.
 The principal cause of death and related causes of importance were as follows:
Accidentally, accidentally injured in automobile accident sustaining lacerated brain scalp wounds and minor abrasions & contusions about body
 Date of onset Sept. 3 1939

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, ~~was~~ accident Date of injury Sept 3 1939
 Where did injury occur? Near Salisbury, Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Public Highway
 Manner of injury Auto accident
 Nature of injury lacerated brain

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) R. D. Stretton / _____, M. D.
 (Address) Moberly, Mo.

210102
18

State of Ohio

RECEIVED

District Health Officer No. 10

District File Number 10-39-1821

Date Filed OCT 11 1939

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 Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

33312

Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735

(b) Township _____ Primary Registration District No. 3034

(c) City Moberly (d) Street No. _____ St. _____

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Franklin J. Pierce

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Div

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

66 1 1

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ in _____.

The principal cause of death and related causes of importance were as follows:

accidentally injured in automobile accident Date of onset _____

Other contributory causes of importance: lacerated brain, scalp wounds & ribs, abrasions & contusions of body.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide accident Date of injury Sept 3, 1939

Where did injury occur? Highways 24 and S. Randolph (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public highway

Manner of injury Collision with another car

Nature of injury lacerated brain

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) R. D. Streetor, M. D.

(Address) Moberly mo

SUPPLEMENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Local Registrar.

