

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

43126
Do not use this space.

1. PLACE OF DEATH

(a) County Clinton 2 Registration District No. 305
 (b) Township Atchison 1 Primary Registration District No. H 123 4 Registered No. 5283 Atchison Twp.
 (c) City Gower (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) 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

(a) Residence, No. 634 Thomas Lane Pierce St. Gower, Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20, 1848

7. AGE YEARS 91 MONTHS 4 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
 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) Missouri

13. NAME Frank Pierce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Elizabeth Foyle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs. Anna Nash Gower, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Allen Cemetery DATE Dec. 31, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. A. Sullens Gower, Mo.

20. FILED 12-28, 1939 Mrs. J. C. Starks Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 26th, 1939, to Dec 29th, 1939

I last saw him alive on Dec 29th, 1939. Death is said to have occurred on the date stated above, at 4 A. m. The principal cause of death and related causes of importance were as follows:

Chronic Intestinal nephritis
Arteriosclerosis
 Date of onset don't know

Other contributory causes of importance: 171
don't know

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? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. C. Starks, M. D.
Gower, Mo. (Address)

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.

RECEIVED
District Health Officer No. 11,
District File No. 140-1827
Date Filed JAN 9 1947

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

A. A. Sullivan

Licensed Embalmer No. 1738

P. O. Address *Gower, 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.