

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
 V. S. NO. 2  
 5014-9-19-38  
 I X 16803

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.

JAN 10 1940

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

44483  
 Do not use this space.

1. PLACE OF DEATH 2  
 (a) County St. Clair Registration District No. 761  
 (b) Township Appleton Primary Registration District No. 4456 Registered No. 25  
 (c) City Appleton City (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. da.

2. PRINT FULL NAME PIERCE, (BABY)  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4, 1939

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .5 hrs. or _____ min.

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) Appleton City, Mo

FATHER  
 13. NAME Ray Milton Pierce  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg, Kansas

MOTHER  
 15. MAIDEN NAME Ruth Wysockoff  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Appleton City, Mo

17. INFORMANT (ADDRESS) Ray Pierce, Appleton City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Appleton City DATE Dec 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) None

20. FILED Dec. 5, 1939 Ole Abney Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1939 to Dec 5, 1939  
 I last saw her alive on Dec 5, 1939. Death is said to have occurred on the date stated above, at 1:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Prematurity  
 Date of onset 10

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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) W. A. Reed M. D.  
 (Address) Appleton City, Mo.

RECEIVED  
District Health Officer No. 7,  
District File Number 1-40-95-  
Date Filed 1-9-40

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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.....

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, above space should be left blank.**