

FILED MAR 15 1940

Registration District No. 547

Primary Registration District No. 3079

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Turning Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Emergency Only
In this community 36 yrs. in Hannibal, Mo.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2001 Lewis
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME GRANT PIERCE

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-07-8203

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th year 1940 hour 9:30 minute a. M.

21. I hereby certify that I attended the deceased from 2-6, 1940 to 2-6 1940.

that I last saw him alive on 2-6-40 and that death occurred on the date and hour stated above.

Immediate cause of death Probably Cardiac Duration _____

was dead when he arrived at hospital in ambulance
Due to but body was warm
history of having been found
Due to one floor unconscious

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations none PHYSICIAN _____

Of autopsy _____ Underline the cause to which death should be charged statistically

8. AGE: Years 44 Months 11 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Lance, MO. (City, town, or county) (State or foreign country)

10. Usual occupation laborer (unemployed)

11. Industry or business Duffy-Industrial Store

12. Name Mr. Arthur Pierce

18. Birthplace Callaway Court, MO. (City, town, or county) (State or foreign country)

14. Maiden name Nancy A. Wilson

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

18. (a) Informant's own signature Dana Bennett

(b) Address Hannibal, Missouri

17. (a) Burial (b) Date thereof 2/8/1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Ray P. Schwartz

(b) Address Hannibal, Mo.

19. (a) 2-8-40 (b) N. C. Fisher (Date received local registrar) (Registrar's signature)

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 _____

23. Signature [Signature] (M. D. or other) _____

Address Hannibal, Mo. Date signed 2/7/40

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

Rev. 5-17-39

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.

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.....

Cecil E. Schwartz....., Registered Apprentice No. *2338*
working under my personal supervision.

Signed..... *Cecil E. Schwartz*

Licensed Embalmer No. *2338*

P. O. Address..... *Hannibal, 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.