

FILED SEP 25 1940

State File No. _____

Registration District No. 719

Primary Registration District No. 5958

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Putnam *Elm Twp*

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution. 2
(Specify whether years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town Putnam
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME John William Pierce 620

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 19, 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>9</u>	<u>26</u>	hr. _____ min.

9. Birthplace Putnam Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Amasa Pierce

13. Birthplace Rhode Island
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant J. L. Pierce
(b) Address Stahl mo

17. (a) Burial (b) Date thereof Aug. 19, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cox Cemetery

18. (a) Signature of funeral director Glenn E. Trent

(b) Address Green City, Missouri

19. (a) Aug 9, 1940 (b) Marnie Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 17 1940 day
year _____ hour 10³⁰ minute _____ M.

21. I hereby certify that I attended the deceased from several
years ago until his death
that I last saw him several years ago
and that death occurred on the date and hour stated above.

Immediate cause of death found dead in the garden
Supposed heart disease

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? _____

(e) While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature W. G. Taylor (M.D. or other) _____

Address Green City, Mo Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

2000

RECEIVED

District Health Officer No. 10

District File Number 9-40-1708

Date filed SEP 6 1940

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

body not embalmed

Registered Apprentice No.

working under my personal supervision.

Signed Glen E. Keuff

Licensed Embalmer No. 1769

P. O. Address Gren 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, fact should be so stated above.