V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31254

Registration District No. FILED OCT 11 1940

Primary Registration District No. 200

Registrar's No. 212

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Home, Novinger, Mo.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Amanda Pierson

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Warren Pierson

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

7. Birth date of deceased March 14 1847
(Month) (Day) (Year)

8. AGE: Years 93 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Owen Co., Indiana 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 4

11. Industry or business 1

FATHER
12. Name Unknown 7
13. Birthplace
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Zella Steele
(b) Address Novinger, Mo.

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof 9-9-40 (Month) (Day) (Year)
(c) Place: burial or cremation Novinger Cemetery

18. (a) Signature of funeral director Dee Riley
(b) Address Kirksville, Mo.

19. (a) Sept. 27/40 (Date received local registrar) (b) Spencer L Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 8
year 1940 hour 3:00 minute A.M.

21. I hereby certify that I attended the deceased from 1900
Sep 4, 1940, to , 19 ;
that I last saw h — alive on Sep 4 1940
and that death occurred on the date and hour stated above.

Immediate cause of death acute enteritis (enteritis) — Duration 7 days

Due to malnutrition - inability to assimilate

Due to Senility

Other conditions 1/2 DP
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature J S Gashwiler (M. D. or other) 1
Address Novinger Mo Date signed 9/11/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-40-1833
Date Filed Oct. 2, 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 Laura A. Riley, Registered Apprentice No. ....., working under my personal supervision.

Signed Laura A. Riley

Licensed Embalmer No. 3907

P. O. Address Kirksville 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.