

Registration District No. **025-**

Primary Registration District No. **3031**

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.

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Marvville
 (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)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 60 years years, months or days 2

3. (a) PRINT FULL NAME Miss Hattie Pierce
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____
4. Sex Female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Single
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased Dec. 4, 1860
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>0</u>	<u>6</u>	hr. _____ min.

9. Birthplace Steelville, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Recording and Accounting
11. Industry or business Office and bank.
MOTHER FATHER
12. Name Henry H. Pierce
13. Birthplace Herkimer, N. Y. (City, town, or county) (State or foreign country)
14. Maiden name Margaret Harrison
15. Birthplace Quebec, Canada. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. W. U. Pierce
(b) Address Marvville, Mo.
17. (a) Oak Hill (Burial, cremation, or removal) **(b) Date thereof** Dec. 12, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director [Signature]
(b) Address Marvville, Mo.
19. (a) 12-12-40 (Date received local registrar) **(b)** [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway
 (c) City or town Marvville (If outside city or town limits, write "RURAL")
 (d) Street No. 1020 N. Main St. (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 10 1940
 year _____ hour 7:30 minute A M.
21. I hereby certify that I attended the deceased from Sept. 1934 to Dec. 10, 1940
 that I last saw her alive on Dec. 10, 1940 and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion **Duration** 3 hrs.
Due to General arteriosclerosis of heart
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death) A4P2
Major findings:
 Of operations _____
 Of autopsy _____
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? 5-5-6 (Specify type of place) (a) Means of injury _____
23. Signature [Signature] (M. D. or other) **Date signed** 12/12/40
Address Marvville, Mo.

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. 1675
P. O. Address Marysville, 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.