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3-40
7-39
X23159

APR 9 1941

Registration District No. **175**

Primary Registration District No. **5243**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **Chariton**
(b) City or town **Salisbury, Mo.**
(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 **1**
In this community **5 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **William Henry Pierley**

3. (b) If veteran, name war **/** 3. (c) Social Security No. **/**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Anna Attebury-Pierley** 6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **12 29 1868** (Month) (Day) (Year)

8. AGE: Years **72** Months **2** Days **6** If less than one day hr. min.

9. Birthplace **Illinois** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **/**

12. Name **Morgan Pierley**

13. Birthplace **Ill** (City, town, or county) (State or foreign country)

14. Maiden name **Mary Lutner**

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

16. (a) Informant **James F. Lierke**

(b) Address **Moberly, MO Rfd.**

17. (a) **burial** (b) Date thereof **8-5-1941** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Madison Cemetery**

18. (a) Signature of funeral director **Fred A. Thompson**

(b) Address **Madison Mo**

19. (a) **3/5/41** (b) **W. L. ...** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Chariton**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. **R. F. D. Salisbury, Mo.** (If rural, give location)
(e) If foreign born, how long in U. S. A.? **no** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **3** year **1941** hour **9** minute **50** p.m.

21. I hereby certify that I attended the deceased from **Feb 7 - 1941** to **March 3, 1941**, that I last saw him alive on **3-3-1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to **Chronic Myocarditis**

Due to **Lobar Pneumonia**

Other conditions **Chronic Sclerosis** (Include pregnancy within 3 months of death)

Major findings: Of operations **108** 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? While at work? (Specify type of place) (e) Means of injury

23. Signature **W. L. ...** (M. D. or other) Address **Salisbury Mo** Date signed **3/4/41**

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

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

JUL 8 1941

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed H-7-41

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

Frederic A. Thompson

Licensed Embalmer No. 1420

P. O. Address. Madras, 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.