

FILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10-3
16049
Do not use this space.

103
1. PLACE OF DEATH
(a) County Stoddard Registration District No. 834
(b) Township Pike Primary Registration District No. 6097
(c) City Advance (d) Street No. 1 Registered No. 24
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIAM MARTIN PIERCE
(a) Residence, No. Advance Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lara Jones Pierce
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7, 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 3 7
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer and Minister
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Missouri
13. NAME Joseph Pierce
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
15. MAIDEN NAME Sarah Ann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9
17. INFORMANT (ADDRESS) Luther Pierce Advance, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Morgan Memorial DATE Apr 15, 1941
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clayton D. Morgan Advance, Mo.
20. FILED April 30, 1941 D. S. Mc Gee Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1941
22. I HEREBY CERTIFY, That I attended deceased from March 15, 1941, to Apr. 14, 1941
I last saw him alive on April 13, 1941. Death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:
Diarrhea Date of onset 7
12 P.M.
Other contributory causes of importance:
Exhaustion
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) E. C. Masters, M. D.
758 (Address) Advance, Mo.

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH

RECEIVED
District Health Officer No. 2,
District File Number 541-610
Date Filed 5/8/41

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.