

FILLED SEP 17 1941

SEP 15 1941

Registration District No. 448

Primary Registration District No. 5608

53
003
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Phillipsburg Union 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 _____ (Specify whether
In this community _____ years, months or days) 1

3. (a) PRINT FULL NAME CHARLOTTE JANE 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 widowed

6. (b) Name of husband or wife Hubert Pierce 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 15 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>9</u>	<u>18</u>	hr. min.

9. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Eli Massey

13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mills

15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs W G M. Menus

(b) Address Phillipsburg Mo

17. (a) burial (b) Date thereof Aug 14 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director W. E. Holman

(b) Address Lebanon Mo.

19. (a) Aug 22 1941 (b) Grace Price
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Laclede 053
000

(c) City or town Phillipsburg
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1941 hour 17 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 18 1941, to Aug 13 1941
that I last saw her alive on Aug 11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
= myocardial degeneration

Due to _____

Due to 193d

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Grace Price (M. D. or other) _____
Address Lebanon Mo Date signed 8/22/41

RECEIVED

District Health Officer No. 7,

District File Number 9-41-165'2

Date Filed 9-10-41

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.....

No Embalming....., 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, fact should be so stated above.