

JAN 7 1942

Registration District No. 231

Primary Registration District No. 5315

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Crawford County Mo.
(b) City or town Cherryville Mo. Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 2 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford Mo.
(c) City or town Cherryville Mo. Union
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Year No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur C. Pierce

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

4. Sex MO 5. Color of race W 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased Jan 20 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace St. Charles Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name George Pierce

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

14. Maiden name Sarah Smith

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

16. (a) Informant Hanna Pierce

(b) Address Cherryville Mo

17. (a) Burial (b) Date thereof 12-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Virginia Mines Cemetery

18. (a) Signature of funeral director J. H. ... Franklin

(b) Address Cherryville Mo

19. (a) 1-2-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23 year 1941 hour 3 PM minute _____ M.

21. I hereby certify that I attended the deceased from NO Physician to attend that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Death Sudden History of heart disease found
Due to dead on foot
Coroner's jury found verdict as follows:
Death "by natural causes, apparent
heart attack"

Other conditions _____
(Includes pregnancy within 3 months of death)
Major findings: NO
Of operations _____
Of autopsy _____
Date: JAN 5 1942

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? _____

23. Signature [Signature] (M, P, or other) _____
Address Cherryville Mo Date signed _____

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

MOTHER FATHER

142
201

207

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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.....

Harry M. Jones

Licensed Embalmer No. *2638*

P. O. Address *Steele, 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.