. S. No. 2
DM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37847

FILED NOV 18 1942

Registration District No. 29 / Primary Registration District No. 4433 Registrar's No. 92

86 / 0

1. PLACE OF DEATH:

(a) County: Putnam

(b) City or town: Unionville
(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: —
In this community: Life Time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Putnam 86 / 0

(c) City or town: Unionville
(If outside city or town limits, write "RURAL")

(d) Street No.:
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: George Blake Piercey

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: Samantha E Piercey

6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: Nov (Month) 16 (Day) 1857 (Year)

8. AGE: Years 84 Months 11 Days 2 If less than one day hr. — min.

9. Birthplace: Putnam County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Retired 24 years

FATHER
12. Name: Blake Piercey
13. Birthplace: Kentuckey (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Triplett
15. Birthplace: Kentuckey (City, town, or county) (State or foreign country)

16. (a) Informant: Pearl Piercey
(b) Address: Unionville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct-20-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Phenigo Cemetery

18. (a) Signature of funeral director: Comstock Funeral Home
(b) Address: Unionville Mo. By J W Comstock

19. (a) 11-2-42 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 year 1942 hour 5 minute 40 p.m.

21. I hereby certify that I attended the deceased from April, 1940 to Oct 18, 1942 that I last saw him alive on Oct 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: mitral regurgitation — Duration: 7

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 92 b

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? — (Specify type of place)
While at work? — (e) Means of injury: —

23. Signature: E P Montgomery (M. D. or other)
Address: Union Ville Mo Date signed: Oct 20 42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-42-2098
Date Filed NOV 16 1942

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 John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.