

FILED NOV 19 1942  
Health

Registration District No. **333**

Primary Registration District No. **3074**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Scott**  
(b) City or town **Sikeston**  
(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 **50 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Scott**  
(c) City or town **Sikeston**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **206 Ruth St**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Griselda F. Pierce**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W 2**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **9 3 1849**  
(Month) (Day) (Year)

8. AGE: Years **93** Months **6** Days **7** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Larue Co. Ky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **retired - Hancock**

11. Industry or business \_\_\_\_\_

12. Name **unknown**

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

14. Maiden name **'' 9**

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

16. (a) Informant **Rebecca Pierce**  
(b) Address **Sikeston Mo.**

17. (a) **Burial** (b) Date thereof **11/11/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sikeston Mo.**

18. (a) Signature of funeral director **H.W. Albritton**

(b) Address **Sikeston Mo.**

19. (a) **11/13/42** (b) **Louis Laegut**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **10**  
year **1942** hour **7** minute **AM**

21. I hereby certify that I attended the deceased from **11-11-42**  
to **11-10-42** 19 **42**  
that I last saw ~~her~~ **her** alive on **11-9-42** 19 **42**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration **1 day**

**Lobar Pneumonia**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Hypertension**  
(include pregnancy within 3 months of death)

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 **Harold M. Fealy** (M. D. or Other)  
Address **Sikeston Mo.** Date signed **11-13-42**

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

100  
200

100  
5  
2  
6  
0

RECEIVED

District Health Office No. :

District File Number 1142-146

Date Filed 11-18-42

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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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Robert Albright*

Licensed Embalmer No. 4210

P. O. Address Sikeston 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.