

No. 2
5-42
5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38387

State File No.

FILED DEC 14 1942

Registration District No. 973

Primary Registration District No. 4544

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Nianqua
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution X /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... X
(Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(c) City or town Nianqua
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13
year 1942 hour 11:45 minute p. M.
21. I hereby certify that I attended the deceased from
Nov 1 - 1942 to Nov 13 1942
that I last saw him alive on Nov 13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dystrophia - Nephritis
Duration ✓

3. (a) PRINT FULL NAME Lucy Ellen Pierson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Abe Pierson 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased September - 5 - 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 8 If less than one day X hr. X min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name William White
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Cummings
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Abe Pierson
(b) Address Nianqua, Missouri

17. (a) Burial (b) Date thereof Nov. 15 - 1942
(Burial, exhumation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nianqua
18. (a) Signature of funeral director [Signature]
(b) Address Marshfield, Missouri

19. (a) 11/30/42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence No
(c) Where did injury occur? No
(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 [Signature] (M. D. or other)
Address Nianqua Date signed Nov 27 1942

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

19
002

DEC 16 1942

RECEIVED

District Health Officer No. 6,

District File Number 1242-1734

Date Filed DEC 11 1942

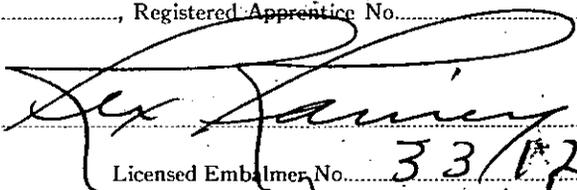
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L. C. P. - 12

300

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. 33120

P. O. Address Warrington

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38387

Registration District No. 273

Primary Registration District No. 4544

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Neingua
(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)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Lucy Ellen Preisan
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day _____ year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I first saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. (Immediate cause of death acute interstitial nephritis)

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 5 (Month) (Day) (Year)

Duration
Due to _____
Due to Chronic interstitial nephritis
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations 13/a
Of autopsy _____

8. AGE: Years 71 Months 2 Days _____ If less than one day _____ min. 22

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) _____ (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

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 W F Schmitt (M. D. or other) _____
Address Chicago Date signed 11/14/42

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

SUPPLEMENTARY

MOTHER FATHER

