

FILED JAN 18 1949

Registration District No. 70

Primary Registration District No. 4126

Registrar's No. 6

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

**1. PLACE OF DEATH:**  
 (a) County Clark  
 (b) City or town Wyaconda, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)  
 In this community.....

3. (a) PRINT FULL NAME Don Pierce  
 3. (b) If veteran, name war 1st World 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 Elsie Pierce  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased November 5 1874  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months | Days      | If less than one day |
|---------|-----------|--------|-----------|----------------------|
|         | <u>68</u> |        | <u>25</u> | .....hr. ....min.    |

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

10. Usual occupation Doctor of Medicine

11. Industry or business.....

**MOTHER FATHER**  
 12. Name John W. Pierce  
 13. Birthplace Dont know 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Dont know  
 15. Birthplace 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Elsie Pierce  
 (b) Address Wyaconda, Mo.

17. (a) Burial (b) Date thereof DEC 31 1949  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wyaconda Cemetery

18. (a) Signature of funeral director George V. Binkley

(b) Address Wyaconda, Mo.

19. (a) 1-15-43 (b) Perry S. Burton  
(Date received local Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State mo (b) County Clark 23  
 (c) City or town Wyaconda 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country 0

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 30  
1942 year hour 6 minute A. M.

21. I hereby certify that I attended the deceased from June 15  
1942 to Dec. 30, 1942  
 that I last saw him alive on Dec. 30, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia 3 by  
Paralysis Agitans  
 Due to.....  
 Due to.....

Other conditions JAC  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: JAC  
 Of operations.....  
 Of autopsy.....  
 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?

While at work?.....  
(Specify type of place) (c) Means of injury.....

23. Signature B. F. Hutchinson, M.D.  
 Address Wyaconda, Mo. Date signed 1/4/43

JAN 19 1943

RECEIVED

District Health Officer No. 10

District File Number 10-43-156

Date Filed Jan 16 1943

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.....

*George V. Baskett*

Licensed Embalmer No. 1817

P. O. Address..... Wyconda, 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.