

S. No. 2
M-5-42
7-5-17-39
I X32875

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3101

State File No. _____

FILED FEB 5 1943 274

Registration District No. _____
Primary Registration District No. 3052

Registrar's No. 15

80
6
4

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

1. PLACE OF DEATH:

(a) County **Fettis**

(b) City or town **Sedalia**

(c) Name of hospital or institution:
1115 E 6

(If not in hospital or institution, write street number or location)

(d) Length of stay: **7 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Fettis**

(c) City or town **Sedalia**

(d) Street No. **1115 E 6**

(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Perry Edgar Pierce**

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 **Lillian** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **Nov. 19 1868**

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
74	1	24		hr. min.

9. Birthplace **Butler Co. Mo.**

(City, town, or county) (State or foreign country)

10. Usual occupation **Clergyman**

11. Industry or business _____

12. Name **Charles J. Pierce**

13. Birthplace **Ky.**

(City, town, or county) (State or foreign country)

14. Maiden name **Mary Gail**

15. Birthplace **Penn.**

(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. P. E. Pierce**

(b) Address **Sedalia Mo.**

17. (a) **Burial** (b) Date thereof **Jan 15 1943**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill.**

18. (a) Signature of funeral director **McLaughlin Bros.**

(b) Address **Sedalia Mo.**

19. (a) **1-14-43** (b) **Mo Anna Berger**

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **13** year **1943** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Sept 1 1937** to **Jan 13 1943**

that I last saw him alive on **Jan 13 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Pulmonary Tuberculosis**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **1361**

Major findings: Of operations _____

Of autopsy _____

Duration **7 or 8 years**

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? _____

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

23. Signatfe **Card Bohner** (M. D. or other) _____

Address **Sedalia Mo.** Date signed **1-14-43**

1022

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-4-43

JUL 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 Robert H Reed
Licensed Embalmer No. 3745
P. O. Address Sealia 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!