

FILED APR 14 1943  
Registration District No. **365**

Primary Registration District No. **6225**

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

1. PLACE OF DEATH:

(a) County Vann

(b) City or town Wilmington, Trum. Ship  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
State Hospital No. 3, Nevada, Mo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 108

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

(d) Street No. 903 E. Ohio  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Susie Pierce

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

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

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

7. Birth date of deceased May 16th 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>9</u>	<u>13</u>	hr. .... min.

9. Birthplace Henry Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

12. Name Wm Young

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

14. Maiden name E. Elizabeth Gunn

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

16. (a) Informant State Hospital Records

(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof 3-4-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Debo Church Cem

18. (a) Signature of funeral director Fred Williams

(b) Address Clenton Mo

19. (a) 3-3-43 (b) Stoyl B. Beurick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st  
year 1943 8 hour 45 minute P. M.

21. I hereby certify that I attended the deceased from 2/12/1943 to 3/1/1943  
that I last saw her alive on 3/1/1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Psychosis late

Due to Dementia

Due to.....  
Other conditions (Include pregnancy within 3 months of death) 162a

Major findings: Of operations.....

Of autopsy no

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 G. S. Warrent (M. D. or other)

Address Nevada, Mo Date signed 3/1/43

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Hazel B. Bewick  
114 1/2 W. Walnut  
Nevada, Mo.

RECEIVED

District Health Officer No. 7,

District File Number 3-43-33

Date Filed 7-6-43

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.....

working under my personal supervision.

G L Wilkinson, Registered Apprentice No. 341

Signed Fred Wilkinson

Licensed Embalmer No. 3478

P. O. Address Clinton 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.