

S. No. 2  
M-5-42  
5-17-39  
X32877

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
LED APR 26 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14581

State File No. ....

Registration District No. 15<sup>6</sup>

Primary Registration District No. 1

Registrar's No. 210

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper

(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 1 year (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs Ernestine Pierce

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife James

6. (c) Age of husband or wife if alive 76 years (Day) (Year)

7. Birth date of deceased Dec 18 1876 (Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House work

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

12. Name no record

13. Birthplace no record (City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record (City, town, or county) (State or foreign country)

16. (a) Informant James Pierce

(b) Address 602 Ozark Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 13-43 (Month) (Day) (Year)

(c) Place: burial or cremation Hurst Park Cem

18. (a) Signature of funeral director Thomaz Dillin

(b) Address 4th Street St

19. (a) 4-12-43 (Date received local registrar) (b) Gertrude Dutholte (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Jasper

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

(d) Street No. 602 Ozark Ave (If rural, give location)

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

If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10<sup>th</sup> year 1943 hour 10 minute 45 P M.

21. I hereby certify that I attended the deceased from 1942 to Apr 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arterial occlusion

Due to arteriosclerosis & hypertension

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

Other conditions (Include pregnancy within 3 months of death) J3P

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

23. Signature Carl L. Ruff (M. D. or other) Date signed 4/13/43

Duration \_\_\_\_\_

Physician \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

43-4-352

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *David Dillon* .....

Licensed Embalmer No..... *3898* .....

P. O. Address..... *Joplin, 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.**