

FILED MAY 27 1943

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Lamar
(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 _____
In this community all of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 601 S. Howard
(If rural, give location)

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

3. (a) PRINT FULL NAME Carl Wayne Pierce

3. (b) If veteran, name war None

3. (c) Social Security No. 490-10-1613

4. Sex Male

5. Color of race White

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

6. (b) Name of husband or wife Frances Pierce

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Nov 13th, 1904
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>38</u>	<u>5</u>	<u>21</u>	____ hr. ____ min.

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

10. Usual occupation Asst Manager

11. Industry or business Willaims Products CO.

12. Name W.W. Pierce

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

14. Maiden name Nora Bushong

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

16. (a) Informant Mrs Frances Pierce
(b) Address Carthage, MO.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 5-8-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Saroxie Cemetery

18. (a) Signature of funeral director Ulmer Funeral Home
(b) Address Carthage, MO.

19. (a) 5/43
(Date received local registrar)

(b) Martha River
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th
year 1943 hour about 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Instantly killed by explosion while fighting fire at Lamar, MO.
Explosion occurred in Panlow Abstract building and Mr Pierce at rear of building with fire hose fighting fire in building.

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) accidental fire

(b) Date of occurrence May 4th, 1943

(c) Where did injury occur? Lamar Barton MO.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Rear of Panlow Building.

While at work? YES (Specify type of work)

(e) Means of injury _____

23. Signature Raymond A. River (M. D. or other) _____
Address Lamar, MO. Date signed 5/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MAY 28 1943

RECEIVED

District Health Officer No. 6,

District File Number 543-662

Date Filed MAY 24 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..... *E. L. Culmer*

Licensed Embalmer No. 2222

P. O. Address Carthage

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.