V. S. No. 2
50M—5-42
Rev. 5-17-3
FILED JUN 12 1943
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18023

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 61

46
1
1

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

1. PLACE OF DEATH:

(a) County HOWELL
(b) City or town WEST PLAINS, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: N. WASHINGTON AVE. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 18 MONTHS years, months or days)

2. USUAL RESIDENCE OF DECEASED: 46

(a) State MISSOURI (b) County HOWELL 1
(c) City or town WEST PLAINS, (If outside city or town limits, write "RURAL") 1
(d) Street No. N. WASHINGTON AVE. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOSEPH JAMES PIERCE

3. (b) If veteran, name war No
3. (c) Social Security No.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED 2
6. (b) Name of husband or wife LOUISA COLLINS
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JANUARY (Month) 6, (Day) 1854 (Year)

8. AGE: Years 89 Months 4 Days 20 If less than one day hr. min.

9. Birthplace HEBRON (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation NONE
11. Industry or business
FATHER
12. Name GIDEON PIERCE
13. Birthplace (City, town, or county) TENN. (State or foreign country) 1
MOTHER
14. Maiden name ELIZ. JAMES
15. Birthplace (City, town, or county) DOUGLAS Co., Mo. (State or foreign country) 0
16. (a) Informant JAMES WM. PIERCE
(b) Address WEST PLAINS, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 26, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation HOWELL COUNTY FARM, HOWELL Co., Mo.
18. (a) Signature of funeral director Hal Thornburgh
(b) Address WEST PLAINS, Mo.
19. (a) 5/31-43 (Date received local registrar) (b) Neil Harlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 26, year 1943 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from from May 22, 1943, to May 26, 1943; that I last saw him alive on May 23, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dysentery — Duration 4 Days
Due to Not Known
Due to
Other conditions (Include pregnancy within 3 months of death) J/C
Major findings:
Of operations
Of autopsy

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

23. Signature J. W. Bingham (M. D. or other) M.D.
Address West Plains, Mo. Date signed 5/2-43

1125

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 64343
Date Filed 6-7-43

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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Not Embalmed

Signed Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, M

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.