

FILED JAN 11 1944
Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
636 College /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community _____
yrs., months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield, 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 636 College
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21st,
year 1943 hour 6:00 minute _____ P. M.
21. I hereby certify that I attended the deceased from
5-29 1942 to Dec. 21 1943
that I last saw h. AR alive on Dec. 21 1943
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Emma O'Neal Pierce

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased December 6, 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife
In Home

MOTHER FATHER { 12. Name George Wallace
13. Birthplace Ark. Ark-9
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Wallace
15. Birthplace Ark. Ark-9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Reginald Blain
(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/43
(Month) (Day) (Year)
(c) Place: burial or cremation EAST LAWN CEMETERY

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 12-23-43 (Date received local registrar) (b) W. H. Handley (Registrar's signature)

Immediate cause of death Arterio Sclerotic heart disease 2 years Duration

Due to _____
Due to _____

Other conditions Bacterial pneumonia 1 day Duration
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9-34
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature E. J. Blain (M. D. or other) _____
Address Springfield, Mo. Date signed 12/23/43

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.

Signed.....

Licensed Embalmer No. *1764*

P. O. Address *Spring Field*

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.

X