

No. 2  
-8-43  
5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27647

**FILED SEP 10 1944**  
Registration District No. 05

Primary Registration District No. 5417

Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County DUNKLIN

(b) City or town HORNERSVILLE RURAL  
(If outside city or town limits, write "RURAL" and name of township)

(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 \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin <sup>33</sup>

(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

3. (a) PRINT FULL NAME THOMAS UMANEZ PIERCE

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 8  
year 1944 hour 8 minute 4 M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, 2 divorced WIDOWED

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

7. Birth date of deceased NOV 17 1959  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
May 15, 1944 to July 8, 1944  
that I last saw him alive on July 7, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death infarct of liver (?)

Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day

84 7 21 hr. min.

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

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

9. Birthplace MISSISSIPPI CO MO 0  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

H. G. F.

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

12. Name NOT KNOWN

13. Birthplace NOT KNOWN 9  
(City, town, or county) (State or foreign country)

14. Maiden name NOT KNOWN

15. Birthplace NOT KNOWN 9  
(City, town, or county) (State or foreign country)

16. (a) Informant W. F. PIERCE

(b) Address MC GHEE ARK

17. (a) Burial (b) Date thereof 7-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation CUDE CEMETERY

18. (a) Signature of funeral director Daniel Thompson

(b) Address South Mo

19. (a) 9-1-44 (b) Luther B. Perkins  
(Date received local registrar) (Registrar's signature)

(Specify type of place) \_\_\_\_\_

While at work \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature Van H. Bond (M. D. or other) \_\_\_\_\_

Address Hornersville Mo Date signed 7-17-44

1201

(Licensed Embalmer's Statement on Reverse Side)

MAY 6 1947

RECEIVED

District Health Office No. 2,

District File Number 944-1225

Date Filed 9-8-44

---

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 Arthur J. McDowell

Licensed Embalmer No. 2093

P. O. Address Seneca 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.