

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28550

FILED SEP 6 1944

Registration District No. 280

Primary Registration District No. 5966

Registrar's No. 11

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00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Platte

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

(c) Name of hospital or institution None
(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)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Platte

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME John F. Pierce

3. (b) If veteran, name war No

3. (c) Social Security No. No

20. DATE OF DEATH: Month August day 24
year 1944 hour 6 minutes 30 P.M.

21. I hereby certify that I attended the deceased from August 13, 1944, to Aug 22, 1944
that I last saw him alive on August 22, 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of White

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 24 (Month) 1865 (Day) (Year)

Immediate cause of death Renal Insufficiency Duration 1 mo 5 mo

8. AGE: Years 79 Months 1 Days 0
If less than one day _____ hr. _____ min.

Due to Chronic Retention of Urine

Due to Carcinoma of prostate

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

Other conditions General debilitation of malnutrition
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business Grain & Stock

12. Name Weston A. Pierce

13. Birthplace Clay County (City, town, or county) Mo (State or foreign country)

14. Maiden name Francis M. Baldwin

15. Birthplace Waldron (City, town, or county) Mo (State or foreign country)

16. (a) Informant Henry Pierce

(b) Address Waldron Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26-44 (Month) (Day) (Year)

(c) Place: burial or cremation Parkeville

18. (a) Signature of funeral director Deland J. Francis

(b) Address Parkeville Mo

19. (a) 8-26-44 (Date received local registrar) (b) Mrs Clay Biffer (Registrar's signature)

Major findings: Of operations _____
Of autopsy 518

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) (e) Means of injury _____

23. Signature Edward J. Levine (M. D. or other) MD
Address Platte City, Mo Date signed 8/26/44

1209

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. _____
District File Number _____
Date Filed _____

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 me

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

Signed Leland G. Francis

Licensed Embalmer No. 345-1

P. O. Address Parkville 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.