

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6785**

FILED FEB 19 1945

Primary Registration District No. **4382**

Registrar's No. **7**

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

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Parnell
 (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) 1
 (d) Length of stay: In hospital or institution 6 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME EDWIN J. PIERSON
 3. (b) If veteran, name war 1
 3. (c) Social Security No. _____

4. Sex male 5. Color or race white
 6. (a) Single, widowed, divorced, married
 6. (b) Name of husband or wife Lena Pierson
 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased Mar. 29 1865
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 8 25 _____ hr. _____ min.

9. Birthplace Clarinda Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Thomas Pierson
 13. Birthplace Unknown England
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Reals
 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edwin Pierson
 (b) Address Parnell, Mo.

17. (a) Burial (b) Date thereon Dec. 26, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hopkins Mo.

18. (a) Signature of funeral director Stanley Swanson
 (b) Address Hopkins, Mo.

19. (a) 1/26/44 (b) St. J. Taylor
 (Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway
 (c) City or town Parnell
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
 year 1944 hour 6 minute 30 P.M.
 21. I hereby certify that I attended the deceased from Oct 3 44
 _____ 1944 to Dec 24 1944
 that I last saw him alive on Dec 23 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death
Hemo Plegia
myo Carditis

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 932
 Of autopsy _____

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? _____ (Specify type of place)
 (e) Means of injury 7
 23. Signature J. G. Parton (M. D. or other) PO
 Address Independence, Mo. Date signed 12-25-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

myself

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

working under my personal supervision.

Signed *Stanley Swanson*

Licensed Embalmer No. *3963*

P. O. Address. *Hopkins, 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.