

Registration District No. 289 Primary Registration District No. 3056

1. PLACE OF DEATH
(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution: 1011 N. Marley
(d) Length of stay: In hospital or institution none
In this community 23 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(d) Street No. 1011 N. Marley
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME REBECCA PIERCE
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 23rd
year 1945 hour 4 minute 00 AM.
21. I hereby certify that I attended the deceased from 1919 to April 23rd 1945
that I last saw him alive on April 23rd 1945
and that death occurred on the date and hour stated above.

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married divorced, married
6. (b) Name of husband or wife James Pierce
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased January - 4 - 1879

Immediate cause of death: Congestive heart disease
Due to: Hypertension + Chronic Nephritis
Other conditions: _____
Major findings: none
Of operations: none
Of autopsy: none

8. AGE: Years 73 Months 3 Days 19
9. Birthplace: Madison Missouri

10. Usual occupation: Housewife
11. Industry or business: _____
12. Name: Lynn Todd
13. Birthplace: Kentucky
14. Maiden name: Lou Adams
15. Birthplace: Missouri

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence: _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant: James Pierce
(b) Address: 1011 N. Marley Moberly MO
17. (a) (b) Date thereof: April - 24 - 45
(c) Place: burial or cremation: Moberly MO
18. (a) Signature of funeral director: Snow Funeral Home
(b) Address: Moberly MO
19. (a) 4-24-45 (b) Irma Kave

23. Signature: J. J. Ash (M. D. or other)
Address: Moberly MO Date signed: 4/24/45

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

RECEIVED

District Health Officer No. 10

District File Number 5-45-801

Date Filed MAY 10 1945

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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly 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.