

FILED AUG 20 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 251

Primary Registration District No. 6186

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Laney
(b) City or town Bradleyville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home, Beavertown
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Laney
(c) City or town Bradleyville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? USA (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM M. PIERCE

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

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased June 7 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 22
If less than one day .hr. .min.

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

10. Usual occupation Farmer

MOTHER FATHER
11. Industry or business
12. Name Thomas Pierce
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Gabry Pierce
(b) Address Bradleyville Mo
17. (a) Bureau (b) Date thereof July 30 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patterson Cemetery
18. (a) Signature of funeral director Harry Farveth
(b) Address Farveth Mo
19. (a) July 29 45 (b) Lewis S. Farveth
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 1945
year 1945 hour 1:00 minute PM

21. I hereby certify that I attended the deceased from at death to only 1945
that I last saw him in person July 24 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Heart attack

Due to High blood pressure

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy 9504

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

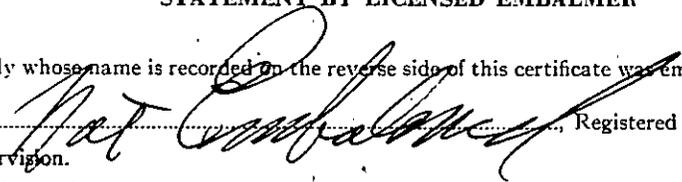
23. Signature Harry Farveth (M. D. or other) 3 Crown
Address Farveth Mo Date July 29 45

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

RECEIVED
District Health Officer No. 6,
District File Number: 845-887
Date Filed: AUG 14 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.....
....., Registered Apprentice No.....
working under my personal supervision.



Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.