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FILED DEC 8 1945

STANDARD CERTIFICATE OF DEATH

State File No. 36834

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 366

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

1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: IDANNA HOTEL Room 309
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 MONTHS
 (Specify whether years, months or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cape Girardeau
 (c) City or town Cape Girardeau
 (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 William C Pierce
 (b) If veteran, name war yes
 (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 10
 year 1945 hour 2 minute 45 M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Divorced
 (b) Name of husband or wife
 (c) Age of husband or wife if alive years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

7. Birth date of deceased: Unknown
 (Month) (Day) (Year)
 8. AGE: Years 55 Months Days If less than one day hr. min.

Immediate cause of death: Coronary Occlusion
 Chronic Myocarditis
 Due to
 Due to

9. Birthplace: (City, town, or county) (State or foreign country)
 10. Usual occupation WATER COLONY CLD.

Other conditions: (Include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy 93W

11. Industry on business
 12. Name Wm Pierce
 13. Birthplace Louisville, Ky
 14. Maiden name Mary Babbie
 15. Birthplace Louisville, Ky

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Betty Babbie
 (b) Address Washington D.C.
 17. (a) Removal (Burial, cremation, or removal)
 (b) Date thereof 11-12-45 (Month) (Day) (Year)
 (c) Place: burial or cremation Louisville, Ky.

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?

18. (a) Signature of funeral director J. H. Howell
 (b) Address Cape Girardeau, Mo
 19. (a) 11-12-45 (Date received local registrar)
 (b) G. B. Summers (Registrar's signature)

23. Signature Dr. J. H. Summers (M.D. or other)
 Address J. H. Summers, Mo Date signed 11/10/45
 (Specify type of place) While at work? No (e) Means of injury 3

RECEIVED

District Health Officer No. 4

District File Number 1245-1

Date filed 12-6-45

MAR 22 1946

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 W. H. Estes

Licensed Embalmer No. 2568

P. O. Address Opp. Heindan

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.

Registration District No. 53 Primary Registration District No. 3010

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Wm C. Pierce

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

4. Sex m 5. Color w race _____ 6. (a) Single, widowed, married, divorced div

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years ap 55 Months _____ Days _____ (If less than one day) _____ hr. _____ min.

9. Birthplace Louisville (City, town, or county) 71 (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 Nov year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

36834

MAR 22 1945