S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 13 1945

State File No. 38998

Registration District No. 249 Primary Registration District No. 4872-5847 Registrar's No.

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Burlington Junction—Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6 miles N.E. Nodaway Twp. (Nodaway Town.)
(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: 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway 74
(c) City or town: Burlington Junction 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 6 miles N.E. 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Charles James Freemont Pierson Jr.

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: male 0

5. Color or race: white

6. (a) Single, widowed, married, divorced: single 0

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: July 4, 1916 (Month) (Day) (Year)

8. AGE: Years 29 | Months 3 | Days 25 | If less than one day hr. min.

9. Birthplace: Quitman (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: farmer

11. Industry or business:

FATHER
12. Name: Charles Pierson SR. 0
13. Birthplace: Quitman Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Amelia Dillon
15. Birthplace: Van Wert Iowa 1 (City, town, or county) (State or foreign country)

16. (a) Informant: Charles Pierson Sr.
(b) Address: Burlington Junction, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 11-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Miriam Cemetery

18. (a) Signature of funeral director: Pierce Funeral home
(b) Address: Maryville Mo

19. (a) Nov 28 1945 (Date received local registrar) (b) Mrs Chas Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 19 year 1945 hour 8 minute 20A.M.

21. I hereby certify that I attended the deceased from not attended, 19..., to ..., 19...; that I last saw him alive on not seen, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Gun-Shot (Rifle) Brain-Suicide

Due to: mentally unbalanced — Duration: 10 yrs

Due to: Influenza 1935

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

Major findings:
Of operations: none
Of autopsy: none

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): Suicide
(b) Date of occurrence: Nov 19th 1945
(c) Where did injury occur? Home (City or town) Nodaway (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: L E Dran-Coroner (M. D. or other) M.D.
Address: Maryville Mo Date signed 11-26-45

1571 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
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 .....

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

working under my personal supervision.

Signed W. L. Gee

Licensed Embalmer No. 2539

P. O. Address Maryville 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.