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36872

**FILED** JAN 15 1946

Registration District No. 140

Primary Registration District No. 3033

Registrar's No. 3033

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Lebanon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Wallace memorial  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede  
(c) City or town Oakland  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Martha Lewis Piercy

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

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife W. H. Piercy  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 22 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 3 26 hr. min.

9. Birthplace Laclede Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name William Lewis  
13. Birthplace Kentucky 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Brandon  
15. Birthplace Kentucky 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Massey

(b) Address Oakland Mo.

17. (a) Burial (b) Date thereof 12-20-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director W. E. Holman

(b) Address Lebanon Mo.

19. (a) 12-30-45 (b) Clara H. Frankenberg  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18  
year 1945 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from 12/15  
1945 to 12/18 1945  
that I last saw her alive on 12/18 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral hemorrhage  
Due to hypertension  
Due to \_\_\_\_\_

Duration  
4 days  
unkn

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy gnd  
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) Means of injury \_\_\_\_\_

23. Signature Jungo L. Hobe, MD (M. D. or other)  
Address Lebanon, Mo. Date signed 12/28/45

1463

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received .....

Laclede County Health Unit

File No. 12-45-186

Date Filed 1/14/46

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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 Dersey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.