S. No. 2
M—8-49
5-17-39
I X37823

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

11885

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1946

State File No. 3859

Registration District No. 37

Primary Registration District No. 4456

Registrar's No. 2

1. PLACE OF DEATH:

(a) County St Clair

(b) City or town Appleton City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Homes
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 28 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Clair 93

(c) City or town Appleton City 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Dock Hillard Pierce

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Maude Wilker

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Apr (Month) 24 (Day) 1865 (Year)

8. AGE: Years 80 Months 9 Days 4 If less than one day hr. min.

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

10. Usual occupation Miner

11. Industry or business Digging Coal

FATHER
12. Name Thomas H Pierce
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Vane Pierce
(b) Address Appleton City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 31-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Appleton City Mo

18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City Mo

19. (a) Jan. 29-46 (Date received local registrar) (b) Cleo Abney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28 year 1946 hour 1 minute 9 M.

21. I hereby certify that I attended the deceased from Nov 1, 1946 to Jan 28, 1946; that I last saw him alive on Jan 15, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Hypertension
Due to Chronic nephritis
Due to Influenza

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 13th

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature R L Hansen (M. D. or other) MD

Address Appleton City Mo Date signed 1-28-46

285

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Officer No. 7,
1-46-44
2-6-46

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 on the 28 day of June 1946, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.