

FILED MAY 2 1946
Registration District No. 58

Primary Registration District No. 4090

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Hunter Carter
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: home of a friend
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 2 years
 years, months or days)

3. (a) PRINT FULL NAME William W. Pierce
 3. (b) If veteran, name war W.W. 1
 3. (c) Social Security No. 89-18-4055

4. Sex ma 5. Color or race w
 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife Wava Pierce
 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased Aug 31 1898
 (Month) (Day) (Year)

8. AGE: Years 47 Months 7 Days 14
 If less than one day hr. _____ min. _____

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

10. Usual occupation Electraction

11. Industry or business _____

12. Name Monroe Pierce

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

14. Maiden name Sudha Stella

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

16. (a) Informant Wava Pierce

(b) Address Hunter Mo.

17. (a) Burial (b) Date thereof 4-17-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hunter

18. (a) Signature of funeral director Seaton Pewitt

(b) Address Van Buren Mo

19. (a) Apr 25 (b) Mrs Octa Henson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State mo (b) County Carter 18
 (c) City or town Hunter
 (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 Apr day 13
 year 1946 hour 8 minute 10 P. M.

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.

Immediate cause of death Cardiac failure
a diabetic of several years

Duration

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

Major findings:
 Of operations _____
 Of autopsy 61

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) (a) Means of injury 13

23. Signature Seaton Pewitt (at or other) Cor
 Address Van Buren Mo Date signed 4-9-46

RECEIVED

District Health Officer No. 5,

District File Number 546322

Date Filed 5. 2. 46

MAY 6 1951

MAY 2 1951

MAY 28 1951

MAY 1 1951

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 Seaton Perwith

Licensed Embalmer No. 2287

P. O. Address Van Buren St

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.