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State File No.

FILED APR 24 1946
Registration District No. 226

Primary Registration District No. 4336

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Monroe

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

(c) Name of hospital or institution: 1
(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) 19 yrs

3. (a) PRINT FULL NAME James Edward Pierce

3. (b) If veteran name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Harriet E. Blake

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

7. Birth date of deceased Aug 10 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>7</u>	<u>3</u>	_____ hr _____ min.

9. Birthplace Pike Co Ill
(City, town, or county) (State or foreign country)

10. Usual occupation RR for 30 yrs - long haul

11. Industry or business labor

12. Name James Pierce

13. Birthplace Pike Co Ill
(City, town, or county) (State or foreign country)

14. Maiden name Jane Roberts

15. Birthplace Pike Co Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Pierce

(b) Address Hallsday Mo

17. (a) burial (b) Date thereof 3-14-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hallsday

18. (a) Signature of funeral director Wm Pierce

(b) Address Hallsday Mo

19. (a) 3/13/46 (b) Clive Little
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monroe ⁶⁹

(c) City or town Hallsday
(If outside city or town limits, write "RURAL") ⁰

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

(e) Citizen of foreign country? _____ (Yes or No) ⁰
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1946 hour _____ minute 11 M.

21. I hereby certify that I attended the deceased from Sept. 12, 1945 to Mar-12, 1946
that I last saw him alive on Mar 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Shuntburn ^{4 days}

Due to _____

Due to _____

Other conditions Arterio Sclerosis ^{2 yrs}
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy as per

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Elbert Baker (M. D. & other) _____

Address Paris Mo Date signed 3-14-46

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

RECEIVED

District Health Officer No. 10

District File Number 4-46-88

Date Filed APR 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 Mrs. Susa Thompson

Licensed Embalmer No. 3282

P. O. Address Muskegon, Mich

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.