S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34028

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 111

1. PLACE OF DEATH:

(a) County LAWRENCE

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

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

(d) Length of stay: In hospital or institution 5 MINUTES (Specify whether
In this community TOURIST
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 449

(a) State OKLAHOMA (b) County CANADIAN

(c) City or town HINTON OKLA 34
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? NO (Yes or No) 2

If yes, name country ✓

3. (a) PRINT FULL NAME OZ-ROWE-PIERCE

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife MINNIE BELL PIERCE

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

7. Birth date of deceased NOV. (Month) 25 (Day) 1889 (Year)

8. AGE: Years 57 Months 10 Days 16 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name DAVID PIERCE 7
13. Birthplace NOT KNOWN 7 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ADELINE 7
15. Birthplace NOT KNOWN 7 (City, town, or county) (State or foreign country)

16. (a) Informant MISS MABEL D PIERCE

(b) Address HINTON OKLA

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof OCT. 14 1946 (Month) (Day) (Year)

(c) Place: burial or cremation HINTON OKLA

18. (c) Signature of funeral director Oscar L [illegible]

(b) Address AURORA MO

19. (a) 10-17-46 (Date received local registrar) (b) Ora McNatt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 11 year 1946 hour 1 minute 05 P. M.

21. I hereby certify that I attended the deceased from after death, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Probable Heart attack

Due to ?

Due to ✓

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

95C

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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 ✓ 3

23. Signature Herman Surridge (M.D. or other) coroner

Address Marionville Mo Date signed 10/11/46

157

(Licensed Embalmer's Statement on Reverse Side)

NOV 22 1946

RECEIVED
District Health Officer No. 6,
District File Number 1046-1056
Date Filed OCT 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 Myself, Registered Apprentice No. ✓, working under my personal supervision.

Signed Oscar L. Marsh

Licensed Embalmer No. 3812

P. O. Address Aurora 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.