S. No. 2
M—8-43
v. 5-17-39
X37823

40123

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1947

Registration District No. 200

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41310

Primary Registration District No. 5725

Registrar's No. 137

1. PLACE OF DEATH:

(a) County MACON

(b) City or town MACON O. U.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
STILL-HILDRETH OSTEOPATHIC SAN.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 44 DAYS (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 605 High St 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME MRS. ETHELYN PRICHARD

3. (b) If veteran, name war

3. (c) Social Security No. 2

4. Sex FEMALE 1

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased FEB. (Month) 2 (Day) 1881 (Year)

8. AGE: Years 65 Months 10 Days 26 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Edmund E Pierce
13. Birthplace (City, town, or county) N.Y. (State or foreign country) 1

MOTHER
14. Maiden name Lucinda Gall
15. Birthplace (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant A G Pierce
(b) Address Columbia Mo

17. (a) removal (Burial, cremation, or removal) (b) Date thereof DEC 28-46 (Month) (Day) (Year)
(c) Place: burial or cremation Uniontown Kans

18. (a) Signature of funeral director Albert Skinner
(b) Address Macon Mo

19. (a) 1-9-47 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 28
year 1946 hour 2:25 minute P M.

21. I hereby certify that I attended the deceased from NOV. 14, 1946, to DEC 28, 1946
that I last saw her alive on DEC 28, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CARCINOMA, BREAST	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 50	
Of autopsy	

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 2

23. Signature Russell J. Lynch (M. D. or other) D.O.
Address SHOS Macon Mo Date signed 12/28/46

185 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 47-88
Filed JAN 14 1947

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 Albert Skinner

Licensed Embalmer No. 751

P. O. Address Macon 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.