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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 28 1947
Registration District No. 1557

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 3

Primary Registration District No. 3028

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
208 No. Main St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL") 3
(d) Street No. 208 N. Main St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM ABBOTT PIERSON

3. (b) If veteran, name war None 3. (c) Social Security No. None 470-10-5542

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED DIVORCED

6. (b) Name of husband or wife Hattie McQuillian McQuillian 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 13, 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 17 If less than one day, hr. _____ min. _____

9. Birthplace Bureau, CO. ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business _____

12. Name William Pierson

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

14. Maiden name Ellen Tompkins, Elenor

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

16. (a) Informant Hattie M. Pierson
(b) Address 508 Olive St., Carthage, Mo.

17. (a) Burial (b) Date thereof 1-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Missouri

19. (a) 1-6-47 (b) L. B. Clinton M. D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30,
1946 year. hour 6: minute 00 A.M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____

Of autopsy _____

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) _____ (Means of injury)

23. Signature L. B. Clinton (M. D. or other) _____
Address 2114 Jasper Date signed 1/2/47

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

46-12-12-26

OCT 10 1958

JUN 12 1958

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 *J. P. [Signature]*

Licensed Embalmer No. *4731*

P. O. Address *Carthage, 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.

State of Missouri

County of Jasper

ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 3

On this 1 day of August, 1958, before me appears

Ed C. Ulmer, who, upon his oath, states that the original record of ~~birth~~ deathfor William A. Pierson, ~~born~~ died Dec. 30, 1958, in the State of Missouri, and which was filed at Jefferson City, Missouri on _____, 19____, should be corrected as follows:

Item No. 7 should read Married

Instead of Divorced

Item No. 16 should read Yes 490-10-0563

Instead of none

Item No. 13 b should read A-- Elenior Tompkins

Instead of Ellen Tompkins

Item No. 11 should read Bureau Co. Ill.

Instead of Ill.

Item No. 14 should read Hattie McQuilliam

Instead of Hattie McQuilliam

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

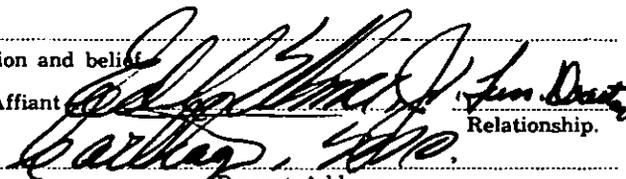
Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant


 Ed C. Ulmer, Registrar

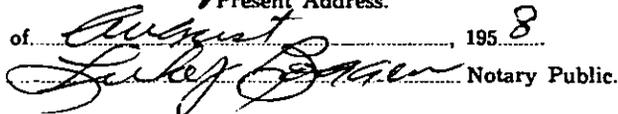
Relationship.

Present Address.

Subscribed and sworn to before me this 1st day of August, 1958

My Commission expires

8-17-59


 L. J. Baker, Notary Public

Notary Public.

S-43507