S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18495

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 94

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln 57
(c) City or town Rural, Snow Hill Twp. 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Salvatore Theodore 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 Widowed
6. (b) Name of husband or wife Rilla Jefferies Pierce
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 24 (Day) 1870 (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	9	29	hr. min.

9. Birthplace Lincoln Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business —
FATHER
12. Name Morgan Pierce
13. Birthplace — (City, town, or county) Canada (State or foreign country)
MOTHER
14. Maiden name Martha Hines
15. Birthplace Lincoln Co (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs Morris Dodson (Daughter)
(b) Address Troy, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Bray, Cem, Lincoln Co. Mo.
18. (a) Signature of funeral director Kemper Funeral Home
(b) Address Troy, Missouri
19. (a) June 2-47 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature) 144

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 23rd year 1947 hour 1:50 minute 0 M.
21. I hereby certify that I attended the deceased from 21, 19, to, 19; that I last saw him alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal obstruction	1 wk
Due to: Carcinoma of colon	?
Due to	
Other conditions: Pneumonia (Include pregnancy within 3 months of death)	3 wks

46E

Major findings: Of operations: Carcinoma of colon
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 0
23. Signature B. L. Nuberson (M.D. or other) M.D.
Address [illegible] Date signed 5/27/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 27 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 Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.