

No. 2
2-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27173**

FILED AUG 25 1947

Registration District No. **82**

Primary Registration District No. **3017**

Registrar's No. **123**

1. PLACE OF DEATH:

(a) County **COOPER**

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

(c) Name of hospital or institution: **ST. JOSEPH'S HOSPITAL** *(D)*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **29 DAYS**
(Specify whether years, months or days)

In this community **29 DAYS**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI**

(b) County **ST. CHARLES** *92*

(c) City or town **HOUSTON**
(If outside city or town limits, write "RURAL") *3*

(d) Street No. _____
(If rural, give location) *1*

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

If yes, name country _____

3. (a) PRINT FULL NAME **JAMES HUGO PIERCE**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **494-18-9999**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUGUST** day **2nd**
year **1947** hour **9:25** minute **A** M.

4. Sex **MALE** *(D)* 5. Color or race **WHITE**

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

6. (b) Name of husband or wife **AGNES PIERCE**

6. (c) Age of husband or wife if alive **41** years

7. Birth date of deceased **AUGUST 6 - 1902**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 1, 1947 to Aug 2, 1947**
that I last saw him alive on **Aug 2, 1947**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	44	11	27	hr. _____ min.

Immediate cause of death **Pulmonary Embolism**

9. Birthplace **HOUSTON MISSOURI** *(D)*
(City, town, or county) (State or foreign country)

Due to **Followed perforated gastric ulcer 7-4-47**

10. Usual occupation **STEAM DRILLER**

Due to **17A**

11. Industry or business **M.K. & T. RAILROAD**

Other conditions **Fractured 2 ribs July 1, 1947**
(Include pregnancy within 3 months of death)

12. Name **JOSEPH PIERCE**

Major findings: **Perforated Gastric Ulcer**

13. Birthplace **ILLINOIS** *(D)*
(City, town, or county) (State or foreign country)

Of operations **Perforated Gastric Ulcer**

14. Maiden name **IWA GOBBLE**

Of autopsy **Incomplete at this time**

15. Birthplace **MISSOURI** *(D)*
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS J.G. PIERCE**

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

(b) Address **HOUSTON, MO.**

(a) Accident, suicide, or homicide (specify) _____

17. (a) **REMOVAL** (b) Date thereof **8/3/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation **HOUSTON, MO.**

(c) Where did injury occur? _____
(City or town) (County) (State)

18. (a) Signature of funeral director **STEGNER**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address **BOONVILLE MO.**

While at work? _____ (Specify type of place) (e) Means of injury *(D)*

19. (a) **8-4-47** (b) *De Cooper*
(Date received local registrar) (Registrar's signature) *301*

23. Signature **J.C. Beckett MD** (M. D. or other)

Address **Boonville mo** Date signed **8-2-47**

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

RECEIVED
District Health Officer No. P
District File Number
Date Filed 8-29-47

JAN 1 1948
SEP 19 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.....

HARRY E. MONROE

Registered Apprentice No. 485

working under my personal supervision.

Signed

James W. Segner

Licensed Embalmer No. 3780

P. O. Address. BOONVILLE, 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.