No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 29 1947
Registration District No. 156

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28123

Primary Registration District No. 2001

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: residence / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution #### (Specify whether
In this community all her life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. I220 Murphy (If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Sarah Ellen Pierson.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Fe /
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife James Pierson.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 9th 1863. (Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Adair County Iowa / (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Shelby Garner.
13. Birthplace Ill. / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Thompson.
15. Birthplace Illinois / (City, town, or county) (State or foreign country)
16. (a) Informant J. C. Pierson.
(b) Address I220 Murphy.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1st 47 (Month) (Day) (Year)
(c) Place: burial or cremation Forrest Park Cem.
18. (a) Signature of funeral director Hurlbut Mortuary
(b) Address Joplin Mo
19. (a) 7-31-47 (Date received local registrar) (b) Dolores Lampkin D.R. (Registrar's signature) 124

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1947 hour 8 minute 45 P M.

21. I hereby certify that I attended the deceased from July 20, 1947, to July 30, 1947 that I last saw her alive on July 29, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute cystitis	10 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 135 P	

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature Ernest Mitchell (M. D. or other) MD
Address Joplin Date signed 7-31-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-8-684

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 Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.