

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4206

State File No. \_\_\_\_\_

Registration District No. 55

Primary Registration District No. 3011

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution:  
502 Sloan 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 3 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

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

(d) Street No. 502 Sloan  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EMMA PIERCE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11 year 1948 hour 9 minutes 35 M.

21. I hereby certify that I attended the deceased from 2-2-48 to 2-9-48, 1948; that I last saw her alive on 2-10-48, 1948; and that death occurred on the date and hour stated above.

5. Color or race Col.

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

6. (b) Name of husband or wife J W Pierce

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept 21 1876  
(Month) (Day) (Year)

Immediate cause of death Influenza pneumonia Duration 9 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 33A

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

8. AGE: Years 69 Months 4 Days 21 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

9. Birthplace Gallatin Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Nelson Cranshaw

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

14. Maiden name Unknown

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

16. (a) Informant J W Pierce

(b) Address Carrollton Mo

17. (a) Cremation (b) Date thereof 2-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freitas Mo

18. (a) Signature of funeral director Stanley Nelson

(b) Address Carrollton Mo

19. (a) 2/15/48 (b) Mr. Herbert Chlach  
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury \_\_\_\_\_

23. Signature John R. King (M. D. or other) \_\_\_\_\_

Address Carrollton Mo Date signed 2-13-48

(Licensed Embalmer's Statement on Reverse Side)

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

96  
RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-5-48

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**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 \_\_\_\_\_

*Ben W. Gibson*

Licensed Embalmer No. 2961

P. O. Address. Carrollton 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.