S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1948

Registration District No. 4 3

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4059

State File No. 8001

Registrar's No. 122

**1. PLACE OF DEATH:**
(a) County: Butler
(b) City or town: Neelyville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community: 25 yrs (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Mo. (b) County: Butler
(c) City or town: Neelyville (If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Thomas Pierce
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex: male 2
5. Color or race: colored 2
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: March (Month) 12 (Day) 1885 (Year)

8. AGE: Years 63 | Months ____ | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace: Jefferson County (City, town, or county) Ark. (State or foreign country) 1
10. Usual occupation: Retired farmer
11. Industry or business ____
FATHER
12. Name: William Pierce
13. Birthplace: Tolbert Co. (City, town, or county) Ga. (State or foreign country) 1
MOTHER
14. Maiden name: Mary Morten
15. Birthplace: Pine Bluff (City, town, or county) Ark. (State or foreign country) 1
16. (a) Informant: James Pierce
(b) Address: Neelyville Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 4/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Little Rock Ark.
18. (a) Signature of funeral director: Minnie Gish
(b) Address: Naylor Mo.
19. (a) 4-6-48 (Date received local registrar) (b) R. L. Minetree (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 4 day 3 year 1948 hour 4 minute A M.
21. I hereby certify that I attended the deceased from March 26, 1948, to Apr 2, 1948 that I last saw him alive on Apr 2, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia — Duration
Due to ____
Due to ____
Other conditions: Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations ____
Of autopsy ____ 108

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 ____
23. Signature: F. F. Fair (M. D. ~~or other~~)
Address: Neelyville Mo. Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

APR 19 1948

RECEIVED
District Health Office No. 2,
District File Number 448 - 470
Date Filed 4-12-48

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 Carlos Taylor, Registered Apprentice No. 60, working under my personal supervision.

Signed Bryan McCord

Licensed Embalmer No. 4979

P. O. Address Naylor, 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.**