

National Office of Vital Statistics
FILED AUG 2 1948

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **784**

1. PLACE OF DEATH:

(a) County: **Buchanan**
(b) City or town: **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Joseph's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **two days**
(Specify whether **Lifetime**)
In this community **Lifetime**
(years, months or days)

3. (a) PRINT FULL NAME: **LESLIE C. PIERSON**

3. (b) If veteran: **W.W. # II** 3. (c) Social Security No.: **None**
name war: **W.W. # II**

4. Sex: **Male** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: **Married**
6. (b) Name of husband or wife: **Lois** 6. (c) Age of husband or wife if alive: **29** years
7. Birth date of deceased: **February 9, 1914**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 5 12 hr. min.

9. Birthplace: **Buchanan Co., Missouri**
(City, town or county) (State or foreign country)

10. Usual occupation: **Farm Laborer**

11. Industry or business: **K.S. Foster**

12. Name: **Unknown**

13. Birthplace: **Unknown** unknown 9
(City, town or county) (State or foreign country)

14. Maiden name: **Jessie Martin**

15. Birthplace: **Shawnee Oklahoma**
(City, town or county) (State or foreign country)

16. (a) Informant: **Lois Pierson (wife)**

(b) Address: **R.F.D. # 5, St. Joseph, Mo**

17. (a) Burial: **Burial** (b) Date thereof: **7/23/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **F.O.P. Cemetery**

18. (a) Signature of funeral director: **John E. Rupp**

(b) Address: **6054 Pryor Ave. City**

19. (a) **7-26-48** (b) **E. L. Jenkins**
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Buchanan**
(c) City or town: **Rural St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No.: **R.F.D. # 5,**
(If rural, give location) **No**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **July** day: **21**,
year: **1948** hour: **12** minute: **:05 P.M.**

21. I hereby certify that I attended the deceased from **7/19/48**
to **7/21/48**, 19____, that I last saw him alive on **7/21/48**, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: **Increased Cerebral Pressure from Hemorrhage.**
Skull Fracture

Due to: _____
Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: **Autopsy held - Full Report not available this date**
Of operations: _____
Of autops: _____

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): **Homicide?**

(b) Date of occurrence: **7/19/48**

(c) Where did injury occur: **St. Joseph Buchanan Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public place**
(Specify type of place)

While at work? _____ (e) Means of injury: **Fight acc to hist**

23. Signature: **Robert W. Quibe M.D.**

Address: **P.O. Bldg. St. Joseph Mo** Date signed: **7/23/48**

MOTHER FATHER

WRITE PLAINLY—USING UNFADING INK

8721
AUG 13 1948
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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 Grandal R. Stahle, Registered Apprentice No. 213 working under my personal supervision.

Signed John E. Rupp
Licensed Embalmer No. 3986
P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.