

FILED MAY 27 1948

Registration District No. 274

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16187

Primary Registration District No. 5562

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Rural, Arcadia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 miles east of Ironton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether

In this community, years, months or days)

3. (a) PRINT FULL NAME Hattie Elma Pierson

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Robert L. Pierson 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased October 19 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 6 8 hr. min.

9. Birthplace Annapolis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Perry Mann

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

14. Maiden name Ann Sanders

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

16. (a) Informant Alvin Pierson

(b) Address Annapolis Missouri

17. (a) burial (b) Date thereof 4-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Annapolis Mo.

18. (a) Signature of funeral director White Funeral Home

(b) Address White Ironton Mo.

19. (a) 5/17/48 (b) Archie Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 miles west of Annapolis
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1948 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from 4-20-48 to 4-27-48
that I last saw her alive on 4-26-48 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction
Due to

Due to Carcinoma of sigmoid

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy none

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)
While at work? (A) Means of injury

23. Signature [Signature] (M. D. or other)
Address Ironton Mo. Date signed 4-30-48

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 548-669

Date Filed 5-26-48

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.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed Ancel White

Licensed Embalmer No. 3012

P. O. Address Intake Rd.

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.