FILED JUN 20 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1860

Registration District No. 390 Primary Registration District No. 5345 Registrar's No. 11

1. PLACE OF DEATH:
(a) County Iron Union Twp
(b) City or town Annapolis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether years, months or days)
In this community 62 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Iron
(c) City or town Annapolis
(If outside city or town limits write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Robert Lee Pierson.

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband~~ or wife Hattie Mann Pierson.

6. (c) Age of ~~husband~~ or wife if alive 55 years

7. Birth date of deceased April (Month) 13 (Day) 1886 (Year)

8. AGE: Years 53 | Months 11 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Paris (City, town, or county) Texas (State or foreign country)

10. Usual occupation Farming.

11. Industry or business

MOTHER FATHER
12. Name George Pierson.
13. Birthplace Paris (City, town, or county) Texas (State or foreign country)
14. Maiden name Manda Owen
15. Birthplace Texas County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Hattie Mann Pierson
(b) Address Annapolis Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 10 (Day) 40 (Year)
(c) Place: burial or cremation Mann Cemetery

18. (a) Signature of funeral director [illegible]
(b) Address Ironton Mo

19. (a) 4-10 (Date received local registrar) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1940 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from April 1, 1940, to April 9, 1940
that I last saw him alive on April 9, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-Pneumonia	9 Days
Due to Influenza	12 Da
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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?
3-5-7
While at work (Specify type of place) (e) Means of injury

23. Signature G. C. Anson (M. D. or other) 1
Address Ironton, Mo Date signed 4/10/40

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.