

FILED FEB 13 1940
Registration District No. 2001

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH: Green
 (a) County Springfield
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2027 N. Milton
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
(Specify whether)
 In this community 2
years, months or days

8. (a) PRINT FULL NAME ANDREW E. PEARCE
 3. (b) If veteran, name war 20
 3. (c) Social Security No. 20

4. Sex male
 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Minnie M. Pearce
 6. (c) Age of husband or wife if alive 1869 years
 7. Birth date of deceased Oct 22 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 9
 If less than one day hr. min.

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

10. Usual occupation Retired Boiler maker

11. Industry or business R.P. Shops

12. Name Edward Pearce

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

14. Maiden name Minnie
(City, town, or county) (State or foreign country)

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

16. (a) Informant Minnie M. Pearce
 (b) Address Springfield, Mo.

17. (a) Rural (b) Date thereof Feb 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director W. H. Ingwers
 (b) Address Springfield, Mo.

19. (a) 2/3/40 (b) Chas. A. George, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State mo (b) County Green
 (c) City or town Springfield
(If outside city or town limits, write "RURAL")
 (d) Street No. 2027 N. Milton
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
 year 1940 hour 1:45 minute 45 P.M.
 21. I hereby certify that I attended the deceased from Jan 1 1938
 to Jan 31 1940
 that I last saw him alive on Jan 30 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Extrem hypertension
 Duration 3 yrs.

Due to Chronic nephritis

Due to Enlarged prostate

Other conditions Paralysis muscles of throat
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence 2

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none
(Specify type of place)

While at work? no (a) Means of injury _____
 Signature S. F. Freeman (M. D. or other)
 Address Springfield, Mo. Date signed 2/3/40

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

MOTHER FATHER

1937

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.....

Ogle Stonoff, Registered Apprentice No. *232*

working under my personal supervision.

Signed *Roy A. Baum*

Licensed Embalmer No. *1763*

P. O. Address *Springfield 9*

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.

X