

FILED JUN 20 1940

No. 2  
11-10-39  
5-17-39  
1 X21492DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18158

Registration District No. 182

Primary Registration District No. 4108

Registrar's No. 9

## 1. PLACE OF DEATH:

- (a) County Christian
- (b) City or town Clever, Mo.  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: none 2  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution all of life (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Ellenor Elizabeth Pearce. 6503. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow6. (b) Name of husband or wife Samuel Pearce 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased May, 26, 1856  
(Month) (Day) (Year)8. AGE: Years 84 Months \_\_\_\_\_ Days 1 If less than one day  
hr. \_\_\_\_\_ min.9. Birthplace Tenn. (City, town, or county) (State or foreign country)10. Usual occupation Housewife

## 11. Industry or business

12. Name William M. Meachmean. /18. Birthplace Tenn. (City, town, or county) (State or foreign country)14. Maiden name Jane Barker /15. Birthplace Tenn. (City, town, or county) (State or foreign country)16. (a) Informant Mrs. Kenneth Keltner(b) Address Clever, Mo.17. (a) Burial Chapel (b) Date thereof May, 29, 40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lenzy Chapel18. (a) Signature of funeral director HUB(b) Address Clever, Mo.19. (a) May 29, 1940 (b) Berta Hicks  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Christian
- (c) City or town Clever,  
(If outside city or town limit, write "RURAL")
- (d) Street No. \_\_\_\_\_ (If rural, give location)
- (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 27  
year 1940 hour 8 minute \_\_\_\_\_ P. M.21. I hereby certify that I attended the deceased from May, 1929 to May, 1940  
that I last saw her alive on May 27, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death SenilityDue to 23

Due to \_\_\_\_\_

Other conditions Pulmonary Tuberculosis  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature G. F. Cooper M.D. (M. D. or other) /  
Address Clever, Mo. Date signed 5/28/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6;

District File Number 640-13570

Date Filed JUN 10 1940  
District Health Officer No. 9

RECEIVED

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, J. W. Maples

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Cleaver, 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, above space should be left blank.