

JUN 13 1940
Registration District No. 625-

Primary Registration District No. 3031

Registrar's No. 70

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

4
9
2

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour (Specify whether)

In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway

(c) City or town Burlington Junction, Rural
(If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Unnamed son of 625 Mr. and Mrs. Miller Wm. Pearson

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1940 hour 3 minute 30 P. M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive year

21. I hereby certify that I attended the deceased from May 31, 1940, to May 31, 1940, that I last saw him alive on and that death occurred on the date and hour stated above.

7. Birth date of deceased May 31, 1940
(Month) (Day) (Year)

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

Immediate cause of death Prematurity

Duration 8 hrs

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

Due to

Due to

Other conditions
(include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

11. Industry or business

12. Name Miller Wm. Pearson

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

14. Maiden name Alberta May Daugherty

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Miller Wm. Pearson

(b) Address Burlington Junction, Mo.

17. (a) Burial (b) Date thereof 6-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Workman Chapel

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? 556
(Specify type of place)

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

(b) Address Marionville, Mo.

19. (a) June-1-1940 Mamie E. Clardy
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)

(b) Means of injury

23. Signature D. F. Byland (M. D. or other) MD

Address Burlington Junction Date signed 6-1-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 1822

P. O. Address Marionville, 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.