

BUREAU OF THE CENSUS
FILED OCT 10 1940

Registration District No. 318

Primary Registration District No. 5440

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ozark Osteopathic Hospital
(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 Lionel A. Pearson

3. (b) If veteran, name war No 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Flora B Pearson 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased January 4 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Unknown Great Britain
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Dont Know

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

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

16. (a) Informant Flora B Pearson
(b) Address Marionville, Mo.

17. (a) Burial (b) Date thereof Sept. 28, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionville, Mo.

18. (a) Signature of funeral director W. E. Handley

(b) Address Marionville, Mo.

19. (a) Sept. 28, 1940 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Marionville
(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.? About 70 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1940 hour 6 minute 30 p.m.

21. I hereby certify that I attended the deceased from 9-22-40
to 9-26-40, 1940
that I last saw him alive on 9-26-40, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Carcinoma of prostate (primary)
Due to Secondary in volvement of the bowel
Other conditions _____
(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? _____

(Specify type of place) _____
While at work _____ (b) Means of injury _____

23. Signature W. E. Handley MD (Date signed) _____
Address Springfield, Mo.

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Arman Bradford

Licensed Embalmer No. *12304*

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.

X