

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35945

State File No.

Registrar's No. 10

Registration District No. 615

Primary Registration District No. 58210

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Burlington Jct.  
(c) Name of hospital or institution:  
13/4 mi. N. E.  
(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  
years, months or days)

3. (a) PRINT FULL NAME MILLER WILLIAM PEARSON.

3. (b) If veteran, name war ✓  
3. (c) Social Security No. 493 18-2630

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alberta Pearson  
6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased Feb. 27, 1916  
(Month) (Day) (Year)

8. AGE: Years 24 Months 6 Days 18  
If less than one day hr. min.

9. Birthplace Mitchell Co. Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business 1

12. Name Jay Emery Pearson

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

14. Maiden name Dora Hazel Rhoades

15. Birthplace Mitchell Co. Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Jay E. Pearson

(b) Address Burlington Jct. Mo.

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

(c) Place: burial or cremation Over Oak

18. (a) Signature of funeral director John W. Price  
(b) Address Maryville Mo.

19. (a) Oct 11 1949 (b) J. Pearson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway  
(c) City or town Rural (Burlington Jct.)  
(If outside city or town limit, write "RURAL")  
(d) Street No. 13/4 N. E.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14  
year 1940 hour 9 minute 30 p. M.

21. I hereby certify that I attended the deceased from 9-13  
to Sept 14, 1940;  
that I last saw him alive on 9-12, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of left lung metastatic from tubercular  
Due to tumor began about 6-1-39

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 51

Major findings: Removal of Rt. testicle  
Of operations 9-13-39 - teratoma  
Of autopsy no

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? \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_

23. Signature B. J. Byland (M. D. or other) By J. M. Byland M.D.  
Address Burlington Jct. Date signed 9-17-40

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

*John W. Price*

Licensed Embalmer No. *3229*

P. O. Address *Maryville*

**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.**