

No. 2
4-13-40
5-17-39
I X25

Registration District No. 461

Primary Registration District No. 3024

Registrar's No.

1. PLACE OF DEATH:

(a) County Lafayette

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

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

(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

In this community 25 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ELIAS, William Pearson

(b) If veteran, name war —

(c) Social Security No. —

4. Sex Ma

5. Color or race W

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

(b) Name of husband or wife Not known

(c) Age of husband or wife if alive — years

7. Birth date of deceased July 30 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	3	3	hr. min.

9. Birthplace New York N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Old Pearson

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant —

(b) Address Paris, Mo

17. (a) Burial (b) Date thereof 11-15-1940
(Burial, cremation, or removal) (Month), (Day) (Year)

(c) Place: burial or cremation Paris, Mo

18. (a) Signature of funeral director W. J. Bates

(b) Address Paris, Mo

19. (a) 11/15/1940 (b) W. J. Bates
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1940 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct. 13
1940 to —, 19—;
that I last saw h. 17 alive on Oct. 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis 2 yrs.

Due to —

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: —

Of operations: —

Of autopsy: —

Underline the cause to which death should be charged statistically.

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? —

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While at work? — (Specify type of place)
(e) Means of injury —

23. Signature J. S. Case (M. D. or other) —
Address Paris, Mo Date signed 12/1/40

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

RECEIVED
Health Officer No. 8
District File Number
Date Filed 12-12-70

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..... *Farrest A. Kempel*.....

Licensed Embalmer No. *3275*.....

P. O. Address..... *Livingston*.....

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, fact should be so stated above.