

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43988

State File No.

Registrar's No.

Registration District No. 796

Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 791 E. Eastwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 80 years 3
years, months or days

3. (a) PRINT FULL NAME Mary Ann Pearson
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George F. Pearson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 31 1854
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Keeper

11. Industry or business _____

12. Name Russ Eversman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Ann McLean
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant George Pearson
(b) Address Arrow Rock, Mo.

17. (a) Burial (b) Date thereof Jan 2 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arrow Rock Mo.

18. (a) Signature of funeral director Campbell

(b) Address Marshall Mo.

19. (a) 1-2-1941 (b) Mary Ann
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Saline City
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1940 hour 4 minutes 30 A. M.

21. I hereby certify that I attended the deceased from Nov 15 1940 to Dec 31 1940
that I last saw her alive on Dec 30 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Ch. Myocarditis
Ch. Endocarditis
Due to Acute Nephritis
Ch. Nephritis
Due to Generalized Atherosclerosis
Other conditions Fracture Neck of Femur (Left)
(Include pregnancy within 3 months of death)

Major findings:
Of operations 182.1
Of autopsy 10
PHYSICIAN
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) Fractured Femur
(b) Date of occurrence Nov 15 1940
(c) Where did injury occur? Home P.E.D. Saline, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
712 Home
(Specify type of place)
While at work? No (e) Means of injury Fall

23. Signature W. E. Eversman (M. D. or other)
Address Saline, Mo. Date signed 12-31-40

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-10-41

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.....

Licensed Embalmer No.

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, fact should be so stated above.