

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2944

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: Fremont 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) 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Delaware
(c) City or town Strove
(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 January day 11th
year 1941 hour 5:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from
January 9th, 1941, to Jan. 11, 1941;
that I last saw him alive on Jan. 11, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pekunious Aemia Duration 6 mos.?

Due to _____

Due to _____

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

Major findings: Of operations None

Of autopsy None

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

23. Signature D. T. Thibault (M. D. or other) MD
Address 607 Main Joplin, Mo. Date signed 1-1-41

3. (a) PRINT FULL NAME Jacob Ollie Pearson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Mrs. Mattie Pearson 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 24 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name David Pearson

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

14. Maiden name Barbara Ann Miller

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

16. (a) Informant's own signature Mrs. Doris Wolfe

(b) Address Southwest City, Mo.

17. (a) Removal (b) Date thereof Monday 12, 1941
(Burial, reinterment, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wissam, Okla.

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

(b) Address Wissam, Okla.

19. (a) 1-43-41 (b) E. D. J. J. J.
(Date received local Registrar) (Registrar's signature)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

41-2-176

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, above space should be left blank.