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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24474

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 173

1. PLACE OF DEATH:
(a) County Boone
(b) City or town 1012 Walnut St Columbia Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 010 0 0
(c) City or town Ashland Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Gussie Hart Pearman
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 Married
6. (b) Name of husband or wife Floyd Pearman
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Jan (Month) 16 (Day) 1893 (Year)

8. AGE: Years 48 Months 5 Days 17 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Jeff D. Hart
13. Birthplace Missouri (City, town, or county) (State or foreign country) 0
MOTHER 14. Maiden name Virginia Griffin
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant Mrs E. J. Murphy
(b) Address 1012 Walnut St Columbia Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 1941 (Month) (Day) (Year)
(c) Place: burial or cremation New Salem Cemt.
18. (a) Signature of funeral director Hall & Burnett
(b) Address Ashland Mo
19. (a) 7/7/41 (Date received by local registrar) (b) Allie Kelly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1941 hour 9 minute 20 PM.
21. I hereby certify that I attended the deceased from May 1 1941, to July 3 1941, that I last saw him alive on July 3 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of stomach	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy Carcinoma of stomach

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

23. Signature H. B. Pryor (M. D. or Other)
Address Ashland Mo Date signed 7-6-41

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(Licensed Embalmer's Statement on Reverse Side)

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 Wm C. F. Burnett

Licensed Embalmer No. 35-64

P. O. Address Ashland Mo.

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.