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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27389

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3047

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

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community —0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Platte 083

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

(d) Street No. 7 miles N.W.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes name country 1

3. (a) PRINT FULL NAME PEARLIE PEARL

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Black

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

6. (b) Name of husband or wife Ollie E. Pearl

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Dec 22 (Month) 1886 (Day) (Year)

8. AGE: Years 54 Months 6 Days 24 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business Farming

FATHER
12. Name N. R. Mace
13. Birthplace Parkville (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Minerva Butler
15. Birthplace ? (City, town, or county) Kansas (State or foreign country)

16. (a) Informant A. E. Pearl
(b) Address Parkville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18-41 (Month) (Day) (Year)
(c) Place: burial or cremation Parkville

18. (a) Signature of funeral director Leland G. Francis
(b) Address Parkville Mo.

19. (a) 8/12/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1941 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 10, 1941, to July 16, 1941; that I last saw her alive on July 16, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure
Toxemia of liver

Due to Hypertensive Heart disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

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 J. M. Walden (M. D. or other) D
Address Wheatley Provident Date signed 7-28-41

(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, ~~only~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed L. H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.